



JPRS Report

Epidemiology

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Epidemiology.....

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Epidemiology

JPRS-TEP-94-014

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29 September 1994

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Iceland, Sweden, Lithuania Build New Pharmaceutical Plant

94P21000A Reykjavik NEWS FROM ICELAND
in English Jul 94 p B 7

[Text] Health Company by the Blue Lagoon Ltd. (HBL) has concluded a deal with Icelandic, Swedish and Lithuanian parties that will see a new drug manufacturing facility come on line by the spring of 1995.

Scheduled to produce medication in tablet form, the plant is currently under construction in Lithuania, where HBL established a joint venture named Ilsanta UAB together with a Lithuanian firm roughly a year ago.

Additional investors have since joined the group, including Iceland's State Pharmaceuticals Import Company, Iceland Prime Contractor Co., and Swedish parties.

The investor group recently met in Reykjavik to sign the deal for the plant's construction and start-up, as well as financing agreements.

HBL takes its name from the popular geothermal runoff pond on the Reykjanes peninsula, southwest Iceland, which the firm has targeted for further development.

Pharmaceuticals producer Delta is also close to opening a facility in Cyprus.

Tokyo Continues Aid For Tuberculosis Control in Nepal

OW0807163394 Tokyo KYODO in English
1607 GMT 8 Jul 94

[Text] Kathmandu, July 8 KYODO—A Japanese Government-funded agency said Friday [8 July] it will provide 2 million dollars to Nepal for the second phase of the kingdom's national tuberculosis program.

The Japan International Cooperation Agency (JICA) said the project is designed to extend health services, including general health care, to tuberculosis patients in the western region of Nepal.

Nepal launched its first five-year tuberculosis control program in 1987 with Japanese financial assistance.

Under that program, a national tuberculosis center was established in the capital city Kathmandu.

There are an estimated 200,000 tuberculosis patients in Nepal and an average of 20,000 die of the disease every year.

JICA will also embark on other medical projects, supplying drugs, equipment and vaccines in the near future, the agency said.

Albanian Health Ministry Signs Cooperation Agreement With Turkey

AU2907174394 Tirana ATA in English
0826 GMT 29 Jul 94

[Text] Tirana, July 29 (ATA)—The minister of health of the Republic of Albania and the Ministry of Health of the Republic of Turkey signed on July 28 an agreement of cooperation in the health sector between the two countries for 1994-1996. For the Albanian party the agreement was signed by Deputy Minister of Health Dr. Besim Nuri and for the Turkish party by the deputy minister of health of the Turkish Republic, Sedek Ensarih [name as received].

"This agreement envisages further extension of cooperation in the field of medical and health sciences and especially in the health of mother and child, qualification of medical staff, technical, organizational and administrative cooperation," Mr. Nuri said.

Mr. Ensarih told ATA that "this agreement envisages a free Turkish medical aid for one year for 50 sick people who cannot be treated in the clinics in Albania. Ten out of these patients have surgical problems. This aid also includes contribution to the field of pharmaceutical industry. Regarding this, Mr. Ensarih said that "we would like that Albania, too, produce medicaments of international standards and we shall give a concrete assistance in this direction. On the basis of this agreement we shall also help in the preparation of the medical legislation and the Law of Medical Insurances."

Attending the signing ceremony were also the minister of health and environmental protection, Dr. Maksim Cikuli, and the ambassador of the Republic of Turkey to Albania, Metin Ornekkol.

REGIONAL AFFAIRS

Southern African Health Report Monitored 4-10 July

MB1007183194

[Editorial Report] The following is a compilation of reports monitored by FBIS Mbabane Bureau from 4 to 10 July concerning outbreaks of and reports on various diseases. The items are listed by country and disease. The source follows each item.

Angola

Malaria, Diarrhea—"More than 25 children die daily of malaria, acute diarrhea and pulmonary diseases in the Damba Maria refugee camp about 10km north of Benguela, the Angolan news agency ANGOP reported on 6 July. Local health centre director Cecilia Muhona said another 100 children were suffering from measles. She said a shortage of medicine, food and blankets was the main cause of the deaths. Damba Maria, with more than 10,000 war refugees from Chongoroi, Balombo, Bocoio, Calahanga and Bie is one of the largest refugees centres in the central Benguela Province." (Johannesburg SAPA in English 2323 GMT 6 Jul 94)

South Africa

Rabies—"Rabies has entered Northern and Eastern Transvaal from KwaZulu/Natal, a Directorate of Animal Health official said on 4 July. During the first five months of 1994 two cows, a black-backed jackal and a bat-eared fox were found to have rabies in Northern and Eastern Transvaal Provinces. During the same period three dogs and two cows were found to be rabid in the PWV [Pretoria, Witwatersrand, Vereeniging] area. 17 people, who came into contact with the rabid animals, were treated." (Johannesburg SAPA in English 1909 GMT 4 Jul 94)

Swaziland

Typhoid—"The Ministry of Health has warned of an outbreak of typhoid in the northern Hhohho region, especially at Mayiwane area. The director of Medical Services, Dr. John Mbambo said two people have already died from the disease." (Mbabane THE SWAZI NEWS in English 9 Jul 94)

Southern African Health Report Monitored 25-31 July

MB3107202194

[Editorial Report] The following is a compilation of reports monitored by FBIS Mbabane Bureau from 25-31 July concerning outbreaks of and reports on various diseases. The items are listed by country and disease. The source follows each item.

Namibia

HIV Cases—"Namibia's decision to accept a Swedish donation of 345,000 Namibian dollars to launch an AIDS information campaign targeting long-distance truck drivers is unique, Swedish Ambassador Sten Rylander said. At a handing over ceremony the Namibian health minister said that against the background of the 8,500 reported HIV positive cases in Namibia, the government does not want to be blamed for withholding information on the disease from people." (Windhoek DIE REPUBLIKEIN in Afrikaans 19 Jul 94 p 5)

Swaziland

Typhoid—Ntando Makhanya reports that according to Dr. M. Malinga of the Mkhuzweni clinic "there is an outbreak of typhoid at Mkhuzweni in the Lubombo region." No figures are given. (Mbabane THE TIMES OF SWAZILAND in English 25 Jul 94 p 2)

Zimbabwe

AIDS Orphans—"There will be more than 90,000 AIDS orphans on commercial farms in Zimbabwe by the year 2000, Orphan Survey Co-ordinator Sue Perry said on Thursday. Ms Perry said the effects of the HIV/AIDS pandemic were as serious on farms as elsewhere, the ZIANA news agency reported. 'National statistics conservatively predict about 500,000 AIDS orphans in five years, and it follows that commercial farms may be faced with as many as 90,000, many without alternate care,' Ms Perry said." (Johannesburg SAPA English 1249 GMT 28 Jul 94)

AIDS Among Miners—"At least seven miners die of AIDS every month in Zimbabwe, the Mining Industry Pension Fund [MIPF] said in the latest journal of the Chamber of Mines of Zimbabwe, ZIANA news agency reported. It said AIDS-related deaths accounted for a fifth of the death claims lodged with it every month. In the first half of 1993 the MIPF paid out ZD1 million [Zimbabwe dollars], of which ZD120,000 was for AIDS-related claims. In the second half it paid out ZD1.8 million, ZD420,000 of it for AIDS-related claims. An MIPF spokesman said more senior employees were dying of the disease, leading to higher payments on claims." (Johannesburg SAPA English 2339 GMT 28 Jul 94)

West/Central/East Africa Health Reports 7-28 June

AB2906144894

[Editorial Report] The following is a compilation of disease reports monitored from FBIS Abidjan Bureau and EAU coverage areas from 7-28 June. Source information is given in parentheses after each item.

Ghana

Tuberculosis—Tuberculosis is on the increase in the country. To this end, the government, in conjunction

with the WHO and the Danish International Development Agency, has launched a national tuberculosis program. A standardized case study and a standardized course in chemotherapy will be part of the program. (Accra Ghana Broadcasting Corporation Radio Network in English 1300 GMT 7 Jun 94)

AIDS—A two-day workshop on AIDS has been held by the Ministry of Health. More than 2,300 cases have so far been reported in the country. The 20-49-year-old age group makes up 80 percent of the total figure. The government has initiated a national AIDS control program and a five-year medium-term AIDS prevention and control measure to check the spread of the disease. (Accra Ghana Broadcasting Corporation Radio Network in English 1300 GMT 21 Jun 94)

Eritrea

AIDS—The number of AIDS patients in Eritrea is increasing. The AIDS control department revealed that there are 930 AIDS patients in Eritrea. Out of the above figure, 112 patients were found in Aseb in the last six months. The 930 patients, 70 percent of whom are youngsters, are aged between 15 and 39. The AIDS control department has urged the youngsters to be more cautious. (Asmara Voice of the Broad Masses of Eritrea in Tigrinya 0400 GMT 25 Jun 94)

Ethiopia

AIDS—The number of AIDS sufferers in Ethiopia has reached 12,402, according to the ETHIOPIAN NEWS AGENCY quoting a Health Ministry magazine called OUR HEALTH. The report says that 7,379 of the patients are men while the rest are women. The number of HIV virus carriers is reported to be 611,610. (Addis Ababa Voice of Ethiopia Network in Amharic 1000 GMT 16 Jun 94)

Malaria—The Gonder zonal health department has reported that 47 people have died of malaria in Daruma town over a period of one month. The zonal health department reported that it sent a medical team including laboratory technicians to the area in response to the letter it received from the town's district and health center. The team has given medical treatment to 631 patients affected by the malaria epidemic and sprayed DDT in 1,478 residential houses. (Addis Ababa Voice of Ethiopia in English to Neighboring Countries 1530 GMT 28 Jun 94)

Madagascar

AIDS—Health Minister Andriambao Damasy on 16 June disclosed that the number of Malagasy AIDS virus carriers has now reached 68, with 12 people actually affected by the disease. This was contained in his annual report to parliament at Tsimbazaza Palace, Antananarivo, on 16 June. (Antananarivo Television Nationale Malagasy Network in Malagasy 1600 GMT 16 Jun 94)

Tanzania

Diarrhea/dysentery—Kagera Regional Commissioner Philip Mangula has reported that 36 Rwandan refugees died in refugee camps in Kagera region after the outbreak of diarrhea and dysentery in the camps. Mr. Mangula said 19 refugees died on 19 June followed by 17 others on 20 June. He said the scarcity of medicine in the camps has largely contributed to the death toll. (Dar es Salaam Radio Tanzania Network in Swahili 1700 GMT 23 Jun 94)

West/Central/East Africa Health Reports 14-31 July

AB0108105494

[Editorial Report] The following is a compilation of disease reports monitored from FBIS Abidjan Bureau and EAU coverage areas from 14-31 July. Source information is given in parentheses after each item.

Cote d'Ivoire

AIDS/STD's—A workshop on AIDS was held at the Indenie Fire Brigade headquarters, Abidjan from 11 to 13 July. About 130 medical doctors, private pharmacists, private nurses, and military nurses attended the workshop. At the closing session on 13 July, the chairman of the national campaign against sexually transmitted diseases and AIDS, Army Dr. Felix Lourougnon, said that private nurses prescribe most of the drugs used in treating sexually transmitted diseases so they should be involved in all campaigns to prevent these diseases. He added that 2 million cases of sexually transmitted diseases are recorded annually. (Abidjan Radio Cote d'Ivoire Chaîne Nationale-Une Network in French 0700 GMT 14 Jul 94)

Cholera—There are reports of a cholera outbreak at the University of Abidjan campus. The director of the student welfare center, who was contacted by Radio Cote d'Ivoire, said that measures are being taken to prevent the spread of the disease. (Abidjan Radio Cote d'Ivoire Chaîne Nationale-Une Network in French 1230 GMT 16 Jul 94)

Buruli ulcer—There is an outbreak of buruli ulcer at Daloa. About 244 cases have been recorded at the Zoukougbeu rural medical center. The disease is not yet under control and there is a shortage of first aid drugs and equipment. (Abidjan LA VOIE in French 20 Jul 94)

AIDS/HIV—During a visit by French Prime Minister Balladur to the AIDS ward of the Treichville University Teaching Hospital, the director of the Center for AIDS Diagnosis and Research disclosed that 10 percent of the 12 to 13 million inhabitants of Cote d'Ivoire are seropositive, 16 percent of pregnant women have AIDS, 85 percent of prostitutes are carriers of the HIV, and 45 percent of the male population is infected. (Abidjan La Chaîne Une Television Network in French 2000 GMT 29 Jul 94)

Guinea

Cholera—The cholera epidemic which broke out on 24 June has so far killed hundreds of people. This was disclosed by the Guinean director of health. It has affected 5,000 people nationwide, particularly, in Conakry and surrounding areas. Three hundred centers have been set up in the capital, and more will be set up in the suburbs to cope with the situation. The unhygienic conditions in Conakry, where only 600 out of 3,000 tonnes of garbage can be removed by the waste disposal department, are the leading cause of the epidemic. (Libreville Africa No. 1 in French 1830 GMT 26 Jul 94)

Kenya

AIDS—The total number of reported AIDS cases in Kenya tops the 50,000 mark while the estimated number of those infected but with no symptoms, is between 800,000 to 1 million persons. The number is expected to reach 1.7 million by the end of 1996. This was disclosed on 22 July by Health Minister Joshua Angatia in a speech read on his behalf by an assistant minister in the ministry, Basil Criticos, at the opening of a one-day workshop on AIDS prevention and control at a Nairobi hotel. He said that in its efforts to prevent the spread of the epidemic through an AIDS awareness campaign, the government is committed to ensuring wider coverage of all target populations. (Nairobi KTN Television Network in English 1800 GMT 22 Jul 94)

Malaria—An undisclosed number of people have died of malaria over the last two months in Kuria District, Nyanza Province. According to the district medical officer of health, Dr. Bongo, statistics from five locations—mostly from the hilly areas of the district—indicate that some of the people died from a strain of malaria which is resistant to chloroquine. Dr. Bongo said that most of the deaths occurred among children who are under five years old. He blamed some of the deaths on lack of proper education, saying most of the parents had failed to report the first cases of the disease. Dr. Bongo advised parents with anaemic children to take them to the nearest medical facility instead of giving the patients goat and chicken blood. (Nairobi Kenya Broadcasting Corporation Network in English 0600 GMT 27 Jul 94)

AIDS—The steering committee that will draft a sessional paper on AIDS was launched in Nairobi on 27 July. The committee chaired by the permanent secretary in the Ministry of Health, Mr. Denis Afande, will also produce a document that will reflect on policies, control strategies, legal framework for AIDS control, ethical issues, sociocultural practices, and traditional insurance policies and other matters related to the prevention and control of AIDS.

Launching the committee, Health Minister Joshua Angatia said that a sessional paper has been necessitated by the magnitude and the impact of the disease which he said has surpassed the scope and the jurisdiction of the Ministry of Health. Mr. Angatia said that despite the

great degree of awareness of the danger of AIDS and methods of its protection among citizens, the disease is still spreading at a high rate in some parts of the country. At the same time Kenya loses an average of 5 billion shillings or 3 percent of the gross national product annually through death caused by AIDS. (Nairobi Kenya Broadcasting Corporation Network in English 1600 GMT 27 Jul 94)

KENYA

AIDS—At a meeting in Nairobi on 27 July, Dr. Tom Okeyo of the national AIDS control program secretariat revealed that about 10,000 people die of AIDS in the country each year adding that those mostly affected are those in the productive ages between 20 and 39 years. He said the disease has greatly affected the agricultural and tourism sectors. Dr. Okeyo said the progress of reducing infant mortality rate which had been well managed by the Ministry of Health could be reversed by the epidemic. (Nairobi Kenya Broadcasting Corporation Network in English 1600 GMT 27 Jul 94)

AIDS—Cumulative AIDS cases in adults and children in Kenya were 850,000 by the end of last year, according to the Ministry of Health estimates. The latest survey shows an average of about 10,000 new cases of AIDS in Kenya every year.

Presenting a paper on an overview of the AIDS situation in Kenya to the national steering committee on the sessional paper on AIDS, Dr. Tom Okeyo of the National AIDS Control Program said that the trend of HIV infection continues to rise in the country. He said the country is experiencing 10,000 deaths from AIDS every year, a trend that will have critical consequences on the economy. It is estimated that from every death the country loses 0.5 million shillings. (Nairobi Kenya Broadcasting Corporation Network in English 0400 GMT 28 Jul 94)

Liberia

Cholera—A cholera epidemic raging in Monrovia has left "between 300 and 500 dead" since June, humanitarian agencies in the Liberian capital disclosed on 26 July. Around 3,000 people have been treated for the disease in the city's two hospitals since the epidemic was declared, the agencies said. Humanitarian sources said the cholera epidemic appears to have been brought under control but warned that the risk of new outbreaks remains because of the "shortage" of drugs to treat the disease in West Africa. The coordinator of Medecins sans Frontieres for Liberia, Lucas Van den Broeck, said the available stocks or drugs to treat cholera have been gathered by the UN High Commissioner for Refugees to treat the cholera outbreak among the hordes of Rwandan refugees who have fled across the border into Goma, in northeastern Zaire. Around 14,000 refugees have died in that area in the space of a week, mostly from cholera.

Medecins sans Frontieres spokesmen in Goma disclosed on 26 July. (Paris AFP in English 1045 GMT 26 Jul 94)

Cholera—Reports from Monrovia say cholera has hit the city killing more than 85 people. Several thousands are affected by the epidemic. This was disclosed by Health Minister Vamba Kanr.eh at a news conference in Monrovia. (Gbarnga Radio ELRL in English 1400 GMT 26 Jul 94)

Nigeria

Suspected cholera—Twenty five people are reported to have died of an epidemic suspected to be cholera in three villages of a local government area of Adamawa State. The chairman of the local government, Mr. Innocent Sambat, announced this at the opening of a two-day meeting of the State Council on Health in Ganye. He said the three affected villages are Yebbi, Guru, (Tinjo). He said the health personnel from the Ministry of Health and the local government have been taking adequate steps to control the spread of the epidemic. The state government has released funds worth 3.9 million naira for drugs and will finance four comprehensive health centers that are to be constructed in four villages. (Kaduna Radio Nigeria in English 1700 GMT 22 Jul 94)

Tuberculosis/leprosy—The Imo State Government and the German Government have signed an agreement on the cure and prevention of tuberculosis and leprosy. The agreement was signed by the state commissioner for health and the German representative in Nigeria on behalf of the German Government. Under the terms of the agreement, the Imo State Government shall rehabilitate the state leprosy center and tuberculosis ward and provide storage facilities for drugs. For its part, the German Government shall provide logistics, drugs, and trained personnel for the treatment of the patients and educate the public on effective ways of preventing the diseases. (Lagos Radio Nigeria Network in English 1500 GMT 23 Jul 94)

Gastro-enteritis—At least 30 people have died as a result of an outbreak of gastro-enteritis in Katsina. The director general of the state Ministry of Health, Dr. Hamza Kankia, disclosed this while conducting the state administrator, Navy Captain Emmanuel Acholonou, round the hospital ward, where the victims were admitted. The victims were among the 316 patients that have so far reported at the Katsina General Hospital since the outbreak almost two weeks ago. Dr. Kankia told the administrator that the hospital records an average of six patients a day for the treatment of the disease. He disclosed that two epidemic control units had been set up by the Health Ministry to take care of reported cases. (Lagos Radio Nigeria Network in English 1500 GMT 31 Jul 94)

Uganda

Cholera—There are reports of cholera cases spreading into Uganda's southwest district of Kabale. According to the district medical officer and medical superintendent of Kabale Hospital, Dr. Justice Katungo, six cases have already been reported at Kabale Hospital. A Zairian truck driver from Lubumbashi, Zaire, who was involved in delivering relief supplies to Goma, died from cholera at Kabale Hospital on 30 July. He was in transit from Goma to Dar es Salaam.

Five Rwandans who entered Uganda through Bunagana in Kisoro District on their way home from Goma, Zaire, have also been admitted to Kabale Hospital, suffering from cholera. Two of them are in a serious condition. (Kampala Radio Uganda Network in English 1000 GMT 30 Jul 94)

ANGOLA

Official Notes Sleeping Sickness Spreading

MB2707202194 Luanda Radio Nacional Network
in Portuguese 1900 GMT 27 Jul 94

[Text] Sleeping sickness is spreading in Angola and Dr. Jose Mambo Pinoqueo, national director of the program against trypanosomiasis, says the situation is very serious. [begin Pinoqueo recording]

Pinoqueo: It is very serious because in Africa the level of incidence is 0.6 percent and even below that, but in Angola there are areas with a 60 percent incidence, with (?deaths reported). I do not wish to alarm people. [end recording]

The most affected areas are Uige, Zaire, Bengo, and Cuanza Norte Provinces. Sleeping sickness cases have been reported in Capande, in Cuanza Sul Province, and in Bie, Cuando Cubango, and Moxico Provinces. Statistics show that in 1974 there were only three cases in Angola, compared to more than 4,000 in 1949. The cases reported in 1974 probably originated abroad. The figure has risen since independence. [begin Pinoqueo recording]

Pinoqueo: We have reached 1949 levels. In 1993, we detected 2,000 sleeping sickness cases in less than 5 percent of the country. We believe that if we can cover 30 percent of the country, as recommended by the WHO, we could detect 20,000 cases.

We already have everything in writing to deal with the most affected cases. It is necessary now for the government to fund our program. Before independence the colonial government used to fund the entire program, but since then we have operated on the basis of donations. [end recording]

GHANA

Anemia, Malaria Kill 209 in Upper East

94WE0383B Accra DAILY GRAPHIC in English
30 May 94 p 1

[Text] Two hundred and nine out of 58,132 persons who reported with anaemia and malaria at health centres in the Upper East Region last year died.

While malaria claimed 93 lives, anaemia, which is closely associated with malaria, accounted for 116 deaths.

Malaria was also the number one cause of total admissions in the various health centres in the region with 2,503 cases while anaemia was third with 1,283 cases.

This was announced by Miss Alice A. Braimah, acting Upper East Deputy Director of Nursing Services, at the end of a ten-day Trainers of Trainers Workshop on Malaria Control held at Bolgatanga for 20 participants drawn from the six districts of the region.

Miss Braimah said these figures are quite high and stressed the need to reduce the number of malaria cases.

She said the Malaria Control Programme was aimed at preventing and reducing malaria deaths, sickness and duration of illness.

She said the region's irrigation sites provide fertile ground for the breeding of mosquitoes and stressed the need to educate individuals on the prevention, control and management of the disease.

Dr Albert Tenga, Bolgatanga District Secretary who addressed the closing session urged the Ministry of Health to co-ordinate its efforts with other agencies in order to make the necessary impact.

He said the district assembly was ready to establish a revolving fund to enable health centres in the district to purchase drugs.

Topics treated at the workshop covered accessibility of the total population at risk to prompt diagnosis of malaria, adequate treatment and recognition of severe and complicated malaria.

Health Ministry Launches Anti-TB Program

94WE0383D Accra DAILY GRAPHIC in English
8 Jun 94 p 16

[Article by Rosemary Ardayio and Jehu Duncan: "Tuberculosis Control Program Launched"]

[Text] A National Tuberculosis (TB) Control Programme that will make the disease cease to be a threat to the health of the public was launched in Accra yesterday by the Ministry of Health. It is under the theme "Tuberculosis is curable: seek early treatment."

The Danish government is providing funding for the programme over the next five years to the tune of \$5 million.

In an address read on his behalf by Mrs Margaret Clark-Kwesie, Deputy Minister of Health, Commodore Steve Obimpeh, Minister of Health said that the disease is frightening because it is infectious through relatively casual contact.

However, he said, the cure for TB is neither costly nor difficult compared with other medical problems.

Despite this the minister said, statistics estimate that 20,000 new cases are reported each year in Ghana and about 10,000 of them die.

Commodore Obimpeh said TB control in Ghana has hitherto been limited mainly to the treatment and care of the sick in hospitals and clinics.

He said modern anti-tuberculosis drugs stop the infection and make the patients non-infectious in a fairly short time, however, he said, the patients must take the drugs for the prescribed length of time.

When this is not done, he explained, patients risk developing and spreading a drug resistant strain of the germ which is much more difficult and expensive to treat.

Commodore Obimpeh stressed that with TB now completely curable there is no longer any need for patients to fear the stigma of admitting they have the disease.

Dr Eugene Nyarko, the National Co-ordinator of the Control Programme, said TB is prevalent in the Ashanti and Western regions because of the high number of mine workers and also in the Eastern region where the incident of HIV cases is very high.

Ms Grethe Dittmer, Counsellor, Royal Danish Embassy, Accra, said the Danish support to the control programme covers drug purchases, laboratory supplies and equipment, health education materials, training of health workers, programme management support, treatment, hostels in needy districts and printing of training materials.

The National TB Programme will operate in all institutions throughout the country. It will also enable health workers to identify patients correctly and prescribe a combination of effective drugs on time.

Guinea Worm Greatly Reduced in Brong Ahafo

94WE0383C Accra DAILY GRAPHIC in English
11 Jun 94 p 16

[Article by Kwame Asare Boadu, Sunyani: "Guinea Worm Cases Drop"]

[Text] Guinea worm cases in the Brong Ahafo Region dropped from 18,043 in 1989 when the guinea worm eradication programme took off to 675 in 1993. This represents a 98 per cent decrease.

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The encouraging results have been due to the efforts of the government and various Non-Governmental Organisations at providing potable water for rural communities and the untiring efforts of co-ordinators and volunteers of the programme at educating the people and treating the disease.

Mr W. A. Marfo, Regional Co-ordinator of the programme made this known at a day's workshop on case containment for 24 districts co-ordinators of the region at Sunyani, yesterday.

The participants are undergoing further training to enable them offer training to zonal and village volunteers.

They discussed topics including the early detection and control of guinea worm.

Mr Marfo said, between January and April this year, only 194 cases were reported and expressed the hope that they will meet the 1995 target of eradicating of the disease set by the Ministry of Health.

He said research work by experts on the possibility of using herbal medicine to treat the disease has almost been completed and that the final report will soon be issued.

Mr Marfo said a mobile eradication team has been formed in the Atebubu District, the most endemic area of the region to help bring the situation under control.

He said the decrease in guinea worm cases has allowed for farming activities to be carried out even at hitherto endemic areas.

Cholera Outbreak Reported in Akuapem South

94WE0383A Accra DAILY GRAPHIC in English
15 Jun 94 p 16

[Article by Ransford Tetteh, Ahwerase-Darmang: "Cholera Outbreak at Akuapem South"]

[Text] An outbreak of cholera in three villages in the Akuapem South District has claimed three lives over the past three weeks.

At Anoff, one person died out of the 15 persons who suffered from the disease. At Ahwerease, no deaths were recorded out of the six persons who were attacked by the epidemic.

The assembly member of the Darmang Electoral Area, Mr Ameyaw Amoakohene told the GRAPHIC that the district health management team at Nsawam has identified the lack of good drinking water and places of convenience as the causes of the outbreak.

He commended the team led by the District Medical Officer, Dr E. K. Tenkorang for responding quickly to the "SOS" message sent by the villages.

Mr Amoakohene said the source of drinking water in the villages was suspected to have been contaminated because the wells were not covered, adding "at Anoff in

particular, their well dried up and they had to depend on a pond at the time of the outbreak."

He said following the outbreak, the people in the area are renovating a room at Ahwerease for use as a clinic to provide the people with basic health care.

Mr Amoakohene said he has organised the 12 villages in the electoral area to cover their wells and put up places of convenience to prevent the outbreak of cholera in future.

The District Health Management Team confirmed the outbreak of the disease but added that it has been brought under control.

LIBERIA

Cholera Outbreak in Monrovia

AB2507205494 London BBC World Service in English
1705 GMT 25 Jul 94

[From the "Focus on Africa" program]

[Excerpt] [passage omitted]

Liberian health authorities have reported an outbreak of cholera in the capital, Monrovia, and say at least 10,000 cases have been reported. Health Minister Vamba Kanneh said 85 people, mostly adults, have already died of the diseases in the last two weeks.

SENEGAL

France Grants Funds for Various Projects, AIDS Control

AB2807154594 Dakar PANA in English
1324 GMT 28 Jul 94

[Excerpts] Dakar, 28 Jul (APS-SEN/PANA)—France has granted Senegal 23 million French francs [FRF] (2.3 billion CFA) aimed at supporting projects in the area of enterprise competitiveness, restructuring of industrial fishing and AIDS control.

Three conventions were signed Thursday [28 July] morning in Dakar, between the Senegalese economic, finance and planning minister, Papa Ousmane Sakho, and the French minister of cooperation, Michel Roussin. [passage omitted]

The third convention, for 4 million FRF (400 million CFA), is aimed at continuing, from 1994 to 1996, the support of French cooperation to the Senegalese AIDS control programme. The project complements sustained actions by France in information, education and communication in Senegal's AIDS control campaign. [passage omitted]

SOUTH AFRICA

Government Announces AIDS Prevention Campaign

MB0807194494 Johannesburg Radio South Africa
Network in English 1400 GMT 8 Jul 94

[Text] The government has announced a 350 million rands campaign to prevent the spread of AIDS. The

minister of health, Dr. Nkosazana Zuma, said at a news conference in Pretoria that combating AIDS was one of the government's first priorities. The money would come from the government, nongovernmental organizations, and churches. Dr. Zuma, who has visited clinics in all nine provinces in the past two months, said there was a serious shortage of clinics and medical services in rural areas in particular. However, she was encouraged by the fact that all of the provinces were now implementing the new national medical scheme.

AIDS Budget Increases; Total Funding Not Secured

MB2207181894 Johannesburg BUSINESS DAY in English 22 Jul 94 p 2

[Article by Kathryn Strachan]

[Text] The Health Department has doubled its AIDS budget to R42m [rands] this year to help meet the cost of an extensive plan to combat AIDS, put forward yesterday by the National AIDS Convention of SA (Nacosa).

While the priorities laid out by Nacosa's two-year plan required funding of R257m, Health Minister Nkosazana Zuma said she was confident that the R100m needed this financial year would be received from other government sources and foreign agencies.

Zuma emphasised that the plan was a national plan, and it was the responsibility of the entire community—especially the private sector, churches and labour—to ensure the funds were raised and the programme was implemented.

She hoped foreign donors who helped draw up the plan, including USAID [United States of American International Development], would kick-start it.

The plan represented the first full attempt in SA to address all aspects of the HIV and AIDS epidemics, providing a rational framework for prevention, care and legal rights activities, she said.

It would be steered by the Health Department's national AIDS unit. Provinces had begun setting up structures to take the programme forward.

Its success depended largely on a strengthened primary health care system and the elimination of discriminatory practices. This would involve decriminalising prostitution and homosexuality.

Medical Research Council representative Malcolm Steinberg said existing legislation on these issues contradicted the new constitution. It was expected they would be resolved by the Constitutional Court.

Nacosa chairman Ralph Mgiijima said pre-employment testing for HIV and insurance screening were also in conflict with the spirit of the plan.

However, it was unlikely that insurance screening could be banned.

Dr James McIntyre, chairman of Nacosa's PWV [Pretoria-Witwatersrand-Vereeniging] region, yesterday called on the business community to support the plan and make every effort to assist in its implementation.

"An estimated 5 percent of the adult population of the PWV was infected with HIV and this rate was doubling every 12 months," he said. "As more people become ill, every business concern will be affected by AIDS."

ZAMBIA

Cholera Outbreak at Kaputa Causes 12 Deaths

94WE0381B Lusaka TIMES OF ZAMBIA in English 9 Jun 94 p 3

[Text] Government has sent a consignment of drugs to Kaputa and other areas of Northern Province to help contain an outbreak of cholera which has claimed 12 people in the past two weeks.

Health Minister Mr Michael Sata said at a Press briefing in Kitwe yesterday the drugs would help contain sporadic cases of dysentery. One case had so far been recorded.

The outbreak in Kaputa had been caused by contaminated water which people living around Lake Tanganyika had been drinking.

The outbreak had been compounded by floating bodies in the lake as a result of intense fighting between government troops and rebel forces in Rwanda.

"Government will ensure that all cases reported in the area are dealt with to curb further deaths," Mr Sata said.

He allayed fears that the epidemic was serious in Kaputa, Nsumbu, and other areas around the lake. It had not reached an alarming stage.

Early this week, Kaputa senior clinical officer Mr Frederick Mwansa told Energy and Water Development Minister Ms Edith Nawakwi that the cause of continuous cholera was because of poor sanitation.

There were 82 cases reported at Kasongole health centre. Seven patients died at Mukupa health centre, 33 patients were attended to and five people died.

ZIMBABWE

Minister Says 90 Percent of Deaths HIV-Related

94WE0382D Harare THE HERALD in English 17 Jun 94 p 1

[Text] Gweru—Ninety percent of deaths in Zimbabwe are now thought to be HIV and Aids-related and by the year 2000 there could be 500,000 Aids-orphans in the country, health officials said yesterday.

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The estimates were given by the Minister of Health and Child Welfare, Dr Timothy Stamps, and the coordinator of the National Aids Control Programme, Dr Everisto Marowa, when they spoke at the two-day annual conference of the National Association of Secondary Heads.

Both men stressed the need for new generations to be protected from HIV and both said teachers and school heads had to be in the forefront of the battle of teaching the children how to handle, control and prevent the spread of Aids.

Dr Stamps, who gave the figure of 90 percent of deaths being HIV and Aids-related, said the Government was no longer refusing to address the HIV pandemic.

But the way to prevent the spread of HIV was not through a vaccine but by dedication to "ourselves through one faithful partner". Families had an important role to play by emphasising to their children the dangers of HIV and Aids.

Young girls were being drawn into prostitution by economic difficulties. The Government had to address these effectively.

Dr Marowa said by the end of March this year, Zimbabwe had recorded 30,318 cases of full-blown Aids. The projection for the end of the year was 120,000 full-blown cases. It was estimated that 800,000 Zimbabweans were now infected with HIV.

The control programme had distributed 35 million condoms in 1992 as part of the efforts to halt the spread of HIV, said Dr Marowa, but Dr Stamps warned that condoms were only 80 percent effective in preventing transmission of HIV.

Both doctors said peer groups could help educate youths in controlling HIV transmission. "We want the school-children to come out of school without HIV and to educate others as well," said Dr Marowa.

He called for more research on the spread of HIV and called for Aids-prevention programmes at workplaces.

Although personal behaviour was beginning to change and slow the spread of the virus, real change would be signified when the number of Aids cases began to decline.

Prevalence of HIV and HCV Among Injecting Drug Users (IDU's) in Yunnan

54004808A Beijing ZHONGHUA LIUXINGBINGXUE ZAZHI [CHINESE JOURNAL OF EPIDEMIOLOGY] in Chinese Vol 15 No 2, Apr 94 p 75

[Article by Li Daqin [2621 1129 0530], Zheng Xiwen [6774 6932 2429], et al. of the Institute of Epidemiology and Microbiology, Chinese Academy of Preventive Medicine, Beijing]

[Abstract] Prevalence of HIV and HCV was studied among 507 IDU's in Yunnan Province. The results reveal that sharing needles with other IDU's is one of the primary pathways to transmit both HIV and HCV. The rates of HIV and HCV infection in the IDU group is 66.5% and 94.9% respectively, which is significantly higher than those in the non-IDU group. There is a direct correlation between the rates of HIV and HCV antibody positive. 97.5% HCV (+) subjects are also HIV (+); and 57% HIV (+) subjects are HCV (+). It is suggested that all IDU's should be encouraged to stop using drugs to prevent HIV and HCV transmissions.

'Urgent' Precautions Needed Against AIDS 'Epidemic'

HK2507095194 Beijing ZHONGGUO XINWEN SHE in English 1315 GMT 22 Jul 94

[Text] Beijing, July 22 (CNS)—1,361 AIDS cases had been discovered in the mainland as of late last May, of which 1,106 cases involved Mainland residents, according to the Minister of Public Health, Mr Chen Minzhang. Such a figure, however, was obtained from examination of a mere three million persons. There will be a large group of persons infected with virus of the deadly disease and remained undiscovered so far. The work on precaution against the disease is urgent but difficult.

News reports said that there were 920,000 arrests mainly resulting from prostitution and nearly one million drug addicts between 1982 and 1993. Despite the fact that drug addiction by means of intravenous injection was only seen in a few areas including Yunnan Province, there was an increasing trend which involved the common application of syringe needle. A group of persons having high risk in contacting AIDS cover eight categories of persons including homosexuals and workers going abroad for labour service.

Following research and analyses, scholars were convinced that the spread of the fatal disease tended to be serious because of a sharp rise in mobile population across the country. The number of persons infected with the AIDS virus was between 4,810 and 11,415 across the country in 1992. Experts categorically pointed out China had entered a stage in which the AIDS virus began to spread. Not only is the high risk group exposed to the virus but persons living a regular life are also subject to such infection.

A projection by Professor Chen Chunming of the Chinese Academy of Medical Sciences for Precaution, said that the conservative figure of AIDS virus carriers would be estimated at 55,000 and AIDS patients at 11,000 across the country by the turn of this century. Another projection put the number of virus carriers at 270,000 and patients at 55,000, showing a critical situation.

Experts made an urgent appeal to various basic medical units to pay much attention to sterilization, recovery and destruction of used medical instruments. They also called for establishment of an examination system for blood bank in a bid to prevent the blood reserve from AIDS contamination. As China is a country with so large a population, a developing economy and poor hygiene conditions but not sufficient attention has been paid to prevention of AIDS, a catastrophic result will be seen in society and the economy as a whole if the fatal disease goes unchecked.

Experts Develop Medicine Against Hepatitis B

OW3107065594 Beijing XINHUA in English 0621 GMT 31 Jul 94

[Text] Guiyang, July 31 (XINHUA)—After hundreds of hepatitis patients were cured by his prescriptions of Chinese herbal medicine, Zeng Dexiang began further research on developing new medicines for this disease.

With the help of dozens of medical colleges, institutes and hospitals, he tested and chose more than 130 Chinese herbal medicines and produced an effective prescription against hepatitis B.

Recently, he opened the first hospital specially for treating the disease in Guiyang, capital of southwest China's Guizhou Province.

Zeng is not alone in the task of developing new medicines for hepatitis B.

Northwest China's Shanxi Province gave a doctor a handsome reward for a new treatment based on the ancient Yin and Yang principle.

According to an ongoing seminar here, China now has nearly 100 kinds of medicines for treating the disease.

Statistics show that more than five percent of the world's population carry the hepatitis B virus, and most of them are likely to develop the disease.

About 120 million Chinese are estimated to be carriers, and about 300,000 of them die of the disease every year.

The Chinese Government has listed developing new medicines against the disease as a key topic in the Eighth Five-Year Plan (1991-1995).

Furthermore, China has practised inoculation of newborn babies and preschool children against the disease since 1992.

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Hainan Makes 'Great Advances' on Tropical Disease Treatment

*OW0108080594 Beijing XINHUA in English
0729 GMT 1 Aug 94*

[Text] Beijing, August 1 (XINHUA)—South China's Hainan Province, the country's largest economic zone, has made great advances on the research and treatment of tropical disease.

According to the Chinese Academy of Sciences, the province has basically eliminated filariasis and largely curtailed the incidence of malaria.

Long suffering from tropical diseases, including rampant malaria and filariasis, the island province saw a malarial incidence of more than 30 percent even before the recent malaria prevention campaign.

At that time, the incidence of carriers of malarial parasites was even much higher in mountainous areas in the province, one report revealed.

Furthermore, the population in regions of high and super-high malarial incidence accounted for nearly half of that of the whole province.

Aiming at finding out the pattern of these epidemics, the Hainan Institute of Tropical Disease Treatment has kept to large-scale surveying and research since it was founded 42 years ago.

Thanks to a package of comprehensive programs of prevention and treatment put forward by the institute, the province brought the incidence of malaria down to less than 0.1 percent by 1994.

Statistics shows that the incidence of plasmodium among inhabitants in mountainous areas has dropped to less than 3 percent, and no case of malaria was discovered in hilly land and plains last year.

Moreover, the incidence of pernicious malaria has sharply fallen to around one-fourth of malarial cases in hainan.

To date the province has reportedly reached the national standard for filariasis incidence. For its efforts toward prevention and effective treatment, the institute has been awarded eight national and nine provincial prizes for scientific and technical achievement.

HONG KONG

Hong Kong Not To Be Declared Cholera-Infected Territory

OW0807173494 Beijing XINHUA in English
1637 GMT 8 Jul 94

[Text] Hong Kong, July 8 (XINHUA)—Hong Kong's senior officials for health today endorsed a decision not to declare Hong Kong a cholera-infected territory, although nearly a score of cases of the disease were found here in less than two weeks.

Explaining the reason for making the decision, acting Secretary for Health and Welfare Shelley Lau said Hong Kong had a very good surveillance system as well as efficient and accessible health care facilities.

Prompt preventive and control measures are being taken to stop the spread of cholera from the 19 reported cases so far, she said.

However, she does appreciate the general public concern over the safety of seafood, reiterating that all food can be safely consumed if it is thoroughly cleaned and properly cooked to kill bacteria.

Cholera is a preventable and treatable disease, and with good personal and food hygiene, there is little danger of catching the disease, the official added.

Immediate and longer-term measures against cholera are being coordinated by an inter-departmental working group chaired by the secretary for health and welfare, she said.

INDONESIA

Health Department Records 226 HIV Cases Through June 1994

BK2907141094 Jakarta MERDEKA in Indonesian
20 Jul 94 p 11

[Excerpt] Jakarta, Tuesday, Mdk—The number of people infected with HIV/AIDS has risen sharply to 226 cases.

A report from the director general of the Eradication of Communicable Diseases and Environmental and Social Health in the Health Department stated that the number of cases recorded until 31 May 1994 stood at 210 cases. But by the end of June, two more AIDS cases were recorded while the HIV cases increased by another 14 cases.

According to the latest report on HIV/AIDS issued by the director general of the Eradication of Communicable Diseases and Environmental and Social Health on 30 June 1994, out of the total 226 cases related to HIV or AIDS, 166 cases were HIV cases. Most of the HIV and AIDS cases detected were from Jakarta City and Bali. In Jakarta, 35 persons were infected with AIDS while 40

others were infected with HIV. This indicated that there was an increase of three HIV cases reported within a month. [passage omitted]

Hospital Planned for HIV Carriers, AIDS Patients

BK2707030994 Jakarta ANTARA in English
1805 GMT 26 Jul 94

[Text] Jakarta, Jul 26 (ANEX/ANTARA)—The Indonesian Government has decided to have AIDS (acquired immuno deficiency syndrome) patients and HIV (human immuno-deficiency virus) carriers treated at a single specialized hospital in Jakarta, a Government spokesman announced Tuesday.

Secretary to the coordinating minister for people's welfare Suyono Yahya told newsmen, Koja Hospital in north Jakarta would be expanded and upgraded to serve as a referral hospital for people with symptoms of the deadly disease.

Koja Hospital's personnel would be given special training to treat sufferers of the ailment from all over the country, Yahya said.

The hospital currently specializes in the handling of contagious diseases such as cholera and smallpox, Yahya said after attending a meeting of cabinet ministers under the purview of the coordinating minister for people's welfare.

"Koja Hospital is expected to become a referral facility for other hospitals in treating those infected with the deadly disease," he said.

AIDS and HIV patients coming to Koja Hospital would not be put into quarantine, he added.

According to Yahya the number of people infected with AIDS/HIV in Indonesia increased from 216 last June to 262 in July.

Tuesday's meeting was led by Coordinating Minister for People's Welfare Azwar Anas and attended by Minister of Health Dr. Sujudi, State Minister for Youth Affairs and Sports Hayono Isman, State Minister for Women's Affairs Mien Sugandhi and State Minister for Population Dr. Haryono Suyono.

JAPAN

Article Views Nation's AIDS Medical Care Crisis

OW2507055294 Tokyo KYODO in English
0516 GMT 25 Jul 94

[Article by Phillipa Bourke: "First of three articles on Yokohama AIDS Conference"]

[Text] Tokyo, July 25 KYODO—A phalanx of pines and shadowy stone archways keep the outside world half a

century away. AZT and the screen images of "Philadelphia" posted on a refrigerator are sober reminders of the real-life drama being played out within.

An oasis in the desert of medical care for AIDS in Japan, the Tokyo University Institute of Medical Science in Meguro offers medical amnesty, experimental drugs and a small number of beds to a group of HIV-infected individuals whose numbers have grown from 10 or 20 in 1986 to over 250.

At first all were hemophiliacs, some of the estimated 2,000 to be infected with HIV by contaminated blood products imported mainly from the United States and sold in Japan in the 1980s. Now they make up about half, said Shinichi Oka, co-founder of the program.

"They are the more aggressive patients, they've broken with their former doctors, they want drug trials and they want progressive care," Oka said.

At the hospital, they have formed a tight network, and those who are involved in one of two long-drawn-out suits demanding compensation from the government and drug companies are among the most dynamic, miwa ishihara, nurse coordinator, said.

Many of them have channeled their rage into fighting to stay alive and supporting their peers. With the arrival of gays and heterosexuals, the group only strengthened.

"Here nobody worries about stigma, coming out with HIV is not pushed, it's up to each individual."

Of the patients as a whole, however, the hemophiliacs suffered the highest levels of depression, she said.

"Our gay patients do the best, they already know how to live on the outside. The heterosexuals are worried about somebody noticing and often, the loss of a desire to make love, but the hemophiliacs have by far the deepest anxiety from losing their trust in doctors," she said.

Nowadays the hospital's cases of sexually transmitted HIV, including women, are increasing in line with the nation's overall pattern of infection. There are also patients who have not been told of their HIV status and are arriving with little or no previous treatment, Oka said.

"They are coming only when their doctors can no longer hide their condition, when they have developed something serious like pneumocystis pneumonia or toxoplasmosis," he said.

Doctors are supposed to seek patient consent before taking an HIV test, but there is no law binding them to do so. The guidelines of the Japan Medical Association (JMA) on HIV treatment, meanwhile, state that disclosing the results should follow in principle since patient consent has already been obtained.

Oka, who spent a year in 1987 studying AIDS care and virology at the National Institutes of Allergy and Infectious Diseases in Bethesda, Maryland State, says Japan

and the U.S. share the same urban environment so the same opportunistic infections hit people with hiv.

In africa, by comparison, one major bout of untreated tuberculosis can kill somebody with HIV at a very early stage of the disease.

"We can treat them but what stops us is the fear these doctors have. They don't tell patients, they give them 'kanpo' (herbal medicine) and that's not to be confused with alternative medicine," he said.

Experience in other countries has shown early treatment can prolong the lives of people with HIV and keep them out of hospitals. Support from a general practitioner may be all a patient needs for many years.

In Japan, while some hospitals have refused to admit people with HIV and AIDS, local clinics are even less likely to do so.

The preliminary results of a survey taken last year in Tokyo show only nine clinics out of 525 having ever treated HIV. Of 423 hospitals, 86 reported treating HIV and AIDS patients, while only one dentist out of 300 respondents reported having done so.

"We know the numbers are much higher," said Migiko Maeda, medical officer at the Tokyo Metropolitan Government's AIDS/HIV Control Office which conducted the survey.

"When asked what they would require to treat someone who was infected, 62 percent of clinics named information and guidance from hospitals. An even higher priority, however, may be cost.

"They are worried about cost second to being hesitant," she said, adding that the metropolitan government is discussing subsidizing costs as part of its major plan to improve the system of care in Tokyo.

Takashi Kitamura, director emeritus of Japan's National Institute of Health and chairman of the Program Committee of the Upcoming 10th International AIDS Conference in Yokohama, said hospitals may be afraid of spending the money needed to cover costs of disposable items, particularly for surgical procedures.

But in his view, the overall situation is improving. The number of doctors to join a medical society for AIDS recently soared, universities are revising their programs and the JMA guidelines were pitched specifically at allaying doctors' fears, he said.

"We tell them to accept these patients as professionals without fear. It's the kind of situation that we need to keep being optimistic about," he said.

As of April, there were 1,771 cases of HIV-infected hemophiliacs and 1,546 other cases in Japan. A total of 295 were registered as patients, of which 113 were located in Tokyo. With the numbers projected to rise, palliative care is a growing concern.

Three or four of Oka's patients at the Tokyo University Institute have chosen to die at home in an atmosphere of strong family support. But the doctor said he was only able to go and offer support because they were located nearby. "I will need a hospice," he said.

The health and welfare ministry's plan to operate a system of designated AIDS hospitals, meanwhile, is attracting criticism for its alarmingly slow rate of progress.

As a breeze cools the upstairs ward in the midday heat, one or two pajama-clad figures stroll quietly in the corridor. In a society that has yet to acknowledge its AIDS, paradise, say some of the patients, is what you find right here.

Article Links AIDS Problem, Nation's Sex Industry

OW2707064494 Tokyo KYODO in English
0148 GMT 27 Jul 94

[Article by Reiko Saito; third and last of three articles on Yokohama AIDS Conference]

[Text] Tokyo, July 27 KYODO—Two out of three women surveyed working in Japan's sex industry do not use condoms, an alarming fact considering the rise in aids and other sexually transmitted diseases.

Despite wanting to use condoms, women surveyed by the Health and Welfare Ministry said their employers or customers refused to allow them to use such protection.

The survey results, released last October, indicate a poor public awareness among Japanese, particularly those in the sex industry, of AIDS, the AIDS-causing virus HIV and other sexually transmitted diseases.

Japan had 1,181 AIDS or HIV-infected patients as of the end of April this year, compared with 131 as of December 1988. The number excludes about 1,700 hemophiliacs infected through contaminated blood transfusions.

Many of those newly infected were women, a phenomenon occurring throughout the world which will be a focus of discussion at the upcoming 10th International AIDS Conference to be hosted by Japan.

The conference, to be held in Yokohama from Aug. 7 to 12, is expected to draw more than 10,000 participants from some 140 countries.

Koji Munakata, a professor at Tsukuba University who led the ministry's survey of women in Japan's sex industry, stressed that a thorough campaign is needed immediately to increase awareness of AIDS and preventive methods for those involved in the industry.

Aside from the ethical aspect of selling and buying such services, stepping up education programs in this sphere are a practical and vital necessity, according to experts.

They say preventing sex workers, who often get involved in the industry out of poverty, from getting infected is of primary concern as is educating people on preventing a further spread of the disease.

AIDS is still widely perceived in Japan as a problem only for homosexuals, intravenous drug users and those who have sex with many partners.

Because of the character of the disease, which can be dormant for many years, carriers of the virus can pass it on to a number of partners without knowing, and their partners can also then transmit the virus to others. And a scary reality is it could result in prenatal transmission, where an infected mother passes the virus on to her fetus during pregnancy.

The problem of AIDS and sex workers is thus an immediate concern for everyone.

However, more than a decade since AIDS and HIV were identified in the early 1980s, educational programs in Japan on the disease have lagged far behind its quick spread, [words indistinct] young, cannot read Japanese and in some cases cannot read any language, and have limited knowledge on AIDS or its prevention.

The superintendent, who requested that he be identified only as Yoshida, said the women come to Japan often through underground crime networks and are put into bars, clubs and "ethnic cabarets" to work as hostesses or "entertainers." They often owe huge debts to their "promoters" for expenses incurred in getting to Japan.

"With the natural language barrier here and lives limited to their workplace and apartments, plus the debts they owe to promoters, the women cannot refuse if they are told not to use a condom," Yoshida said.

There are an estimated 40,000 to 50,000 such women in Tokyo alone, he said, adding hundreds more are scattered around the nation.

"More than 30 percent of the women have some kind of sexually transmitted disease, according to medical checkup records," he said in an interview.

Mizuho Matsuda, director of a Tokyo-based advocate group named help which provides shelter for women in trouble, accused Japanese who buy sexual services as another side of the problem.

"Many of those buying sexual services know what kind of risks are involved, but in practice, they still believe they will escape infection and demand that condoms not be used," she said.

Matsuda said Japanese are tolerant toward the act of buying sexual services, an attitude that has allowed for the infamous "sex tours" by Japanese going overseas.

Despite the 1958 law banning prostitution in Japan, she said, "everybody knows what is happening right now, and little has been done (to fight prostitution)."

In terms of AIDS prevention, efforts should therefore be taken not only in Japan but in cooperation with other countries, said Matsuda, who will be one of the speakers at the AIDS conference in Yokohama next month.

SOUTH KOREA

Premier Says Agent Orange Victims To Be Given Financial Aid

SK090*015494 Seoul THE KOREA HERALD
in English 9 Jul 94 p 2

[Text] Prime Minister Yi Yong-tok said yesterday that the government intends to provide financial support to victims of "Agent Orange" in their international lawsuits against U.S. makers of the toxic defoliant.

"The government will try to include the legal expense in the national budget for 1995," Yi said during the last day of an interpellation session.

An estimated 3,000 South Korean veterans are believed to be suffering from the aftereffects triggered by exposure to Agent Orange used in the Vietnam War.

Early this year, some 200 Agent Orange victims filed suits against seven U.S. chemical firms, demanding a combined total of \$300 million in compensation.

Premier Yi also said the government will carry out a survey on victims of the defoliant in a move to expand compensation for them.

Responding to questions by lawmakers calling on the government to make the police force independent from the prosecution services in its investigative activities, Premier Yi said that it is undesirable for the police to be able to investigate independently in view of effective protection of human rights.

At present, police investigations are under the control and supervision of the prosecution.

Education Minister Kim Suk-hui said that the government will continue the current college entrance examination system for next year.

"The government plans to redesign the examination system after collection opinions from every sector of society," said Kim, replying to criticisms by lawmakers that the government has confused the people by adopting an inconsistent policy on the college entrance examination.

During the interpellation session on society and culture, ruling party lawmakers urged the government to strictly cope with "illegal and violent" strikes, while asking the government to ceaselessly push for an anticorruption drive.

In contrast, lawmakers of opposition parties charged that the government has depended on law-enforcement authorities too much in dealing with strikes launched by

labor unions. They also criticized the government, saying it has stopped implementing the reform moves.

Rep. Nam Pyong-u of the ruling Democratic Liberal Party (DLP) said, "The government should strictly deal with illegal and violent demonstrations and strikes."

He proposed that the government use civil groups to launch a campaign to reform the conscience of the people.

Rep. Yang Mun-hui of the main opposition Democratic Party (DP) asserted that the government's hard-line suppression caused railway locomotive engineers to launch a country-wide strike.

Yang urged the government to work out steps to improve labor conditions through revision of labor-related laws.

Rep. Kim Chung-hyon of the DP insisted that the government has failed to liquidate the irregularities of the past and thus brought confusion to the country.

"The government should clear up the past legacies of the May 16 military coup in 1961 and the Dec. 12 coup-like incident in 1979," said Kim.

In connection with an inter-Korean summit between South Korean President Kim Yong-sam and North Korean President Kim Il-song, scheduled for July 25-27 in Pyongyang, lawmakers also asked the government to take steps on social and cultural exchanges between the two Koreas.

Yang of the DP said, "It is desirable for the government to sign an agreement on medical exchanges."

He also proposed that the government jointly examine the ecosystem within the Demilitarized Zone with North Korea.

Rep. Kang U-hyok of the DLP alleged that brisk exchanges between the South and North in sports and cultural sectors are needed to build trust between the two Koreas.

Kang asked whether the government has any intention of proposing a soccer game between the two national teams.

LAOS

Diarrhea Kills 20 People in Saravane Province

BK2407141494 Vientiane Vitthayou Hengsat Radio
Network in Lao 0000 GMT 24 Jul 94

[Text] From 15 to 20 July, a new diarrhea epidemic occurred in Saravane District, killing 20 local people so far. Sompheng Tavan, cadre attached to the district public health service, said that the disease has been spread from Toum Lan District due to unhygienic practices undertaken by local people in carrying out their livelihood. It is also reported that most local people seem

to ignore strict implementation of required precautionary measures to prevent the epidemic and still continue employing traditional rudimentary practices in taking care of their health. This is the main cause of the vast spread of this disease.

To halt the spread of the disease, the district public health service has sent mobile health units to many nearby localities to assist people in combating the epidemic.

Diarrhea Kills 36 in Saravane Province

*BK2807140094 Vientiane KPL in English
0918 GMT 28 Jul 94*

[Text] Vientiane, July 28 (KPL)—An outbreak of diarrhoea between July 13-24 in Saravane District, the province of the same name claimed lives of 36 persons and has inflicted 260 others.

According to the district public health service, the situation is worsening. In Nakhoisao area, eight have suffered from the illness and 16 died, while in Sapon 151 are inflicted and 11 died, and in Sen Vang area 28 inflicted and nine died.

The public health service of this southern province, in cooperation with the district public health service and local administration, has dispatched 20 medical personnel with medical equipment and medicines to cope with the spread while giving preventive instructions to local people. However, the situation is not under control yet.

Thirty-One Persons Killed by Diarrhea in Saravane

*BK0108125194 Vientiane KPL in English
0930 GMT 1 Aug 94*

[Text] Vientiane, August 1 (KPL)—Since June 3, diarrhoea has severely broken out in Toumlan District, the southern Saravane Province, and has killed 31 persons and infected 225 others.

This is the second outbreak of the illness following the first explosion in early May killing 32 persons.

According to the district public health service, the spread occurred in outlying villages which is hard for the transfer of patients to hospital on the one hand, and the number of medical personnel stationed in remote areas is still limited on the other.

However, the district administration and relevant services are constantly seeking ways to prevent and combat the spread of the illness and keep the situation under control.

Memorandum Signed With Asian Development Bank for Health Improvement Project

*BK2507113294 Vientiane KPL in English
0915 GMT 25 Jul 94*

[Text] Vientiane, July 25 (KPL)—A memorandum on loan release for the improvement of the primary health project

worth U.S. \$6.3 million was signed here on July 22 between the Government of the Lao PDR [People's Democratic Republic] and the Asian Development Bank (ADB).

The input of the Lao Government to the project amounts to U.S. \$1.2 million.

The signatories to the agreement were Dr. Khemphet Vanthanouvong, chief of the Office of the Ministry of Public Health and ADB's health expert.

This is the first-ever loan granted to Laos for the improvement of health project. This project aims to improve primary health care in the two northern provinces of Oudomsai and Xieng Khouang, focussing on prevention, diagnosis and control of five main diseases, provision of necessary medicines for preventable and curable diseases: pneumonia, diarrhoea, malaria, malnutrition, mother and child affairs, tuberculosis and some others.

During its operation between 1995-1999, the project also plans to build village health stations in the two provinces and set up models to be renewed in other provinces.

PHILIPPINES

Health Department Reports 84 AIDS Deaths

BK0707103994 Quezon City GMA-7 Radio-Television Arts Network in Tagalog 0930 GMT 6 Jul 94

[Text] Another Filipino has died of AIDS and nine others are infected with the HIV virus. According to the Department of Health the latest victim is a homosexual from the Visayas. At present 84 have died of AIDS since it was discovered in the country in 1984, while 373 are HIV positive and 147 have AIDS. Because of this, the Department of Health vows to improve its AIDS prevention campaign.

Gastroenteritis Epidemic, New Cholera Cases Reported

BK2807101494 Manila PHILIPPINE DAILY INQUIRER in English 23 Jul 94 p 6

[Article by Raymund Catindig]

[Text] Tuguegarao, Cagayan—Six people have died and 26 others have been stricken ill in a gastroenteritis epidemic that hit Fuga Island off the coast of Aparri town, a report reaching the Philippine National Police here said yesterday.

Most of the victims are children, the report said.

Chief Supt. Job Mayo, PNP [Philippine National Police] regional director, said he is scheduled to fly today to Fuga Island with health personnel on two helicopters sent by the Philippine Air Force.

Mayo said medicines and relief goods will be distributed to the island's 400 residents.

An earlier report received by the provincial health office said that 344 people are suffering from diarrhea, malaria, fever, and malnutrition.

Mayo identified the six fatalities as Gaudencio de la Cruz, Rachele Visario, Harold Trinidad, Visitacion de la Cruz, Bimboy de la Cruz, and Christian Bumagat.

Aparri Mayor Ismael Tumaru, who is a doctor and health personnel earlier led a medical mission to Fuga Island.

Mayo said a similar epidemic hit the island in the '60s killing 20 people. He blamed the poor sanitation and lack of hygiene education of the settlers for the resurgence of the disease.

In Manila, the Department of Health [DOH] yesterday revealed 241 more confirmed cholera cases and two deaths.

Since the outbreak of the disease was reported last May, 1,647 were found positive to have cholera, 78 of whom died.

But earlier reports released by the DOH showed over 6,000 suspected cholera cases and about 140 deaths in 30 provinces.

In the last two weeks, however, the DOH removed from its official cholera count the suspected cases and also made the releases less frequent—from an almost daily update to once weekly. The DOH now requires four signatories in its cholera updates, instead of only one.

It was apparently a reaction after tourism officials and representatives from the different embassies reportedly expressed concern that the outbreak has driven potential tourists away.

Yesterday's report, released by the DOH committee on cholera, showed that Albay continued to be the most affected province with 73 confirmed cases for last week alone. Metro Manila follows next with 47 cholera positives.

The deaths recorded were from Cebu and Zamboanga City, with one each.

Cholera Deaths Reach 170; Confirmed Cases Hit 1,773

BK2807155194 Quezon City GMA-7 Radio-Television Arts Network in Tagalog 0930 GMT 28 Jul 94

[Text] The number of deaths due to cholera has reached 170, while the number of confirmed cases hit 1,773. Because of this, the president had earlier ordered the formation of anti-cholera task forces in all local government units.

According to the Department of Health, cholera has spread in Guimaras, Davao del Norte, Davao Oriental, and Maguindanao. Earlier, 23 provinces including Metro Manila registered cholera cases.

The health department needs one million pesos to control cholera.

Cholera Cases Reported in Five More Provinces

BK2907130794 Quezon City GMA-7 Radio-Television Arts Network in Tagalog 0930 GMT 29 Jul 94

[Text] Five more provinces are affected in the cholera epidemic. According to the Health Department, 140 cholera cases were reported in Bulacan, Zambales, Bukidnon, Mindoro Occidental, and Pampanga. There are currently 43 provinces with confirmed cholera cases and 171 deaths.

Meanwhile, authorities in southeastern Mindanao reported that 30 persons have died in Tudok village in Tiboli, South Cotabato. However, it is still not certain if the deaths were due to cholera or gastroenteritis.

TAIWAN

Health Department: HIV Population May Reach 60,000 by 2002

OW0108094094 Taipei CNA in English 0734 GMT 1 Aug 94

[Article by Lilian Wu]

[Text] Taipei, Aug. 1. (CNA)— Taiwan's HIV-positive population will grow to between 30,000 and 60,000 by 2002 and cost society more than NT\$ [New Taiwan dollars] 300 billion (U.S.\$11.32 billion), the Department of Health (DOH) said Monday [1 August].

A DOH official said that each HIV carrier is estimated to cost society about NT\$14 million (U.S.\$518,518). If Taiwan's HIV-positive population grows as predicted, the cost to society will be enormous.

National Taiwan University Professor Tu Hsing-tze, speaking at an epidemiology conference Monday, called on the government to step up its anti-AIDS campaigns to help cut the financial burden of HIV-positive individuals on society.

Tu said 675 HIV carriers have been discovered in Taiwan as of July 27. Of that number, 110 have already died from AIDS-related complications.

Based on World Health Organization estimates of world HIV growth, the number of HIV carriers in Taiwan is expected to hit between 30,000 and 60,000 by 2002, he said.

THAILAND

Program Director Dispels Rumors on HIV Research Test

BK0707055594 Bangkok THE NATION in English 7 Jul 94 p A8

[Text] Reports that Thai volunteers taking part in an anti-Aids vaccine trial have been infected with HIV as a

result were yesterday denied by the Red Cross Society's Aids Programme director Praphan Phanuphak.

"According to the latest blood test on July 4, after the 30 volunteers were inoculated for the second time, I can guarantee 100 percent that none of them have contracted the virus," Praphan said.

However, he said, if any harm was to come to the volunteers as a result of the test, United Biomedical Inc, the U.S. company that produced the vaccine, would be responsible.

"If anyone dies during the experimental course, I will report to the World Health Organization, the Public Health Ministry and the UBI company within 24 hours. And the trial would be stopped immediately. The company would cover any loss," he said.

He said it would take up to three or four months before the society could check to see whether the vaccine had generated immunity against the Human Immunodeficiency Virus in the volunteers.

Praphan also said the BMN strain of HIV, recently detected among Thai homosexuals and intravenous drug users, was not a recent arrival in Thailand.

"The strain has long been in Thailand but we could not detect it until recently," he said.

Praphan explained that, at the beginning, Chulalongkorn University's research team was unable to detect the strain which is widespread among U.S. homosexuals.

"The research team then had the blood from Thai HIV carriers tested against the BMN strain and found that it was 70-80 positive," he said.

Praphan said there are two major HIV strains in the world—HIV-1 and HIV-2. In addition, there are nine minor strains worldwide. The most common worldwide, including Thailand, is HIV-1, he said.

Earlier, Prof Dr Suphawat Chutiwong, the head of Chulalongkorn University's Faculty of Medicine, said the BMN strain was previously believed to be confined only to U.S. gays and lesbians. [as published]

Use of 'Traditional Medicines' for AIDS Victims Encouraged

*BK2807093194 Bangkok BANGKOK POST in English
28 Jul 94 p 7*

[Text] Chiang Mai—The Public Health Ministry will encourage the use of traditional medicines among HIV/AIDS sufferers for the treatment of opportunistic diseases Deputy Health Minister Udomsin Sisaengnam said yesterday.

Dr Udomsin told the Fourth National AIDS Seminar it was Public Health Ministry policy to encourage the use of traditional medicines.

"It doesn't matter whether the medicines increase the immunity or not, but they should not be harmful to users and should be available at reasonable cost," he said.

Dr Udomsin said those wishing to sell traditional medicines must obtain a certificate of practice from the ministry.

Communicable Diseases Control Department director-general Prayun Kunason said consumers should be made to understand that traditional medicines do not kill the AIDS virus.

He said what was worrying was the production and sale of a mixture of traditional medicines by people claiming to have knowledge in their properties.

Dr Prayun said tobacco products and even addictive drugs are mixed with traditional medicines in some cases.

He said anyone selling traditional medicines should list the ingredients with the Public Health Ministry.

Dr Udomsin said the use of traditional medicines was being encouraged because the ministry spends a lot in purchasing Azidothymidine (AZT) despite uncertainties about its effectiveness.

"I feel it is a waste to spend so much on purchasing AZT because it is very costly, but since there is no alternative we have to continue to provide the drug to HIV carriers," he said.

The drug has to be provided continuously to HIV/AIDS carriers because, even though it does not help in tackling AIDS, it does help to prevent opportunistic infections or other diseases caused by immuno deficiencies, said Dr Udomsin.

The ministry allocated around 75 million baht for the purchase of AZT last year.

Dr Udomsin said without AZT, HIV carriers suffering from opportunistic infections would occupy most hospital beds.

Public Health Science Research Institute director Chakrit Phumisawati said eight traditional medical ingredients obtained from Wat Tham Siwilai in Saraburi are purely herbal and do not contain poisonous substances.

The medicine is being tested with the AIDS virus to see if it can fight the virus. The results will be known mid-next month.

Dr Chakrit said the traditional medicines provided by hospitals can be used to treat opportunistic infections.

There are some 8,580 AIDS patients seeking treatment at public and private hospitals. During the first six months this year there were 1,146 new reported cases of AIDS, according to a ministry statement.

Dr Udomsin said the Government concentrated on emphasising behavioural changes and developing medical care.

He said a major concern was the steady increase in the rate of HIV infections in the Northeast because most youths from there work abroad as unskilled labour.

"The increasing rate of HIV infection in the Northeast is frightening and very soon it will be on a par with the rate in the northern region," he said.

Prime Minister's Office Minister Aphilat Osathanon said the office, which is responsible for major campaigns against AIDS, would change its campaign policies.

He said instead of organising concerts in provinces throughout the country, the office this year will focus on individual risk groups.

"We will begin focusing our campaign on fishermen, truck drivers and industrial workers," he said.

Mr Aphilat said the office also plans to produce a television campaign which will be "eye-catching" and arrest people's attention.

He said the presenter of the campaign will be snooker ace Wattana Phuop-om.

Mr Aphilat said the campaign would be aired on television for 30 minutes a week.

VIETNAM

Some 1,000 Infected With HIV; 34 Deaths

BK1107161194 Hanoi Voice of Vietnam in English
1000 GMT 11 Jul 94

[Text] At present about 1,000 Vietnamese have been infected with HIV virus and 34 have died. The high-risk groups are among drug addicts in the 30-39 age group. There are now about 170,000 drug addicts, most of them are youngsters. Prevention and control of drug addiction have thus become an [word indistinct] social task. Vietnam Red Cross Society is joining other branches and offices in [words indistinct]. Efforts have been made to disseminate information on AIDS as well as the bad effect of drug addiction. The Red Cross chapters provide counseling and humanitarian treatment for the target groups and support them to be reintegrated into the community.

Five More HIV Cases Reported in Can Tho Province

BK2607145994 Hanoi Voice of Vietnam Network
in Vietnamese 0500 GMT 25 Jul 94

[Text] The medical preventive center of Can Tho Province has just announced that five more persons are infected with the HIV virus. Among them, one is a homeless man in Thot Not District, and four are prostitutes ranging from 19 to 25 years old in Vinh Trinh

village. These five persons were among 50 arrested in an operation to wipe out social vices carried out by Thot Not District in July.

This brings the total to 11 persons infected by the HIV virus in Can Tho.

Bac Thai Province Works To Eliminate Leprosy

BK1007104394 Hanoi Voice of Vietnam Network
in Vietnamese 0500 GMT 10 Jul 94

[Text] This year, 20 more villages and wards in Bac Thai Province have been listed among those localities that have successfully eliminated leprosy. At this rate, the disease will be completely eliminated from the province by the year 2000.

Along with widespread propaganda activities aimed at promoting new concepts regarding leprosy among the population, Bac Thai has conducted medical examinations and distributed survey cards to help the people with early detection. The Bac Thai Province Dermatology and Venereal Disease and Leprosy Control and Prevention Center has coordinated with the education sector to disseminate knowledge about leprosy among the people to help with early detection. The results indicate that 80 percent of the local population possess the correct knowledge about leprosy and the ability to detect the disease.

Provinces in Final Phase of Anti-Leprosy Program

BK2407114294 Hanoi VNA in English
1415 GMT 23 Jul 94

[Text] Hanoi VNA July 23—Thirty-seven out of 53 provinces and cities throughout the country are in the final phase of an anti-leprosy programme launched nationwide in 1982 by the Ministry of Public Health.

According to the initial assessment, Vietnam eliminated leprosy in 205 districts (out of the total 527 districts) with the population of 36.82 million, accounting for 50.6 per cent of the country's total population. The rate of lepers was reduced to 0.16 per thousand in 1993 from 2.1 per thousand in the north in 1959 and 4 per thousand in the south in 1976.

At present, 100 per cent of provinces have centres and hospitals for treating leprosy, and 73.6 per cent of 383 out of the 527 districts have doctors and assistant doctors, and 74.1 per cent of communes have nurses and assistant doctors responsible for preventing and treating the disease.

Based on experience and results achieved in an experimental ten-year period to eradicate leprosy (1974-1984), Vietnam has launched a 'Programme To Eradicate Leprosy Area by Area'. This programme will be expanded nation-wide in 2000 in coordinating with the leprosy elimination programme launched by the World Health Organization (WHO).

The programme's biggest difficulty is shortage in finance, medicine and medical equipment. The most difficult areas are in the mountain where most of residents are of ethnic minority origin with a low level of economic, cultural and social knowledge. In compensation, Vietnam has received precious and effective assistance from international organisations and friendly countries in finance, medicine and medical equipment and the training of local medical workers. At present, ten international projects are under way.

There are projects on multi-drug-therapy (MDT) funded by WHO and Japan's Sasakawa Health Organisation and the anti-leprosy associations of Holland, Germany and Britain. The number of patients cured and treated since 1983 by the multi-drug-therapy has increased to 31,228. In the delta provinces, the rate of using MDT increased markedly over the past ten years from 10 per cent in 1983 to 91.6 per cent in 1993.

Besides, there have been some projects such as a project on vocational guidance for leprosy patients funded by the doctors without borders organization of France in the first phase, and a Swiss humanitarian association in the second phase, and a humanitarian aid project funded by the German Anti-Leprosy Association. The anti-leprosy associations of the Netherlands, Germany and France have jointly granted financial aid to the two centres for functional rehabilitation of leprosy patients in Hanoi and Ho Chi Minh City.

An international conference on leprosy elimination in the world by 2000 was held in Hanoi on July 4-7. At the conference, the experts from 27 nations which have lepers and representatives of humanitarian organizations which provide aid for fighting leprosy discussed strategies for elimination of the disease by 2000.

Malaria Cases Declining Throughout Country

*BK2507015994 Hanoi NHAN DAN in Vietnamese
4 Jul 94 pp 1, 2*

[Report by Manh Hung]

[Text] During the first six months of this year, malaria was declining in localities throughout the country. In the said period there were 315,645 cases of malaria as compared to 365,675 cases in the corresponding period last year (a 13.68 percent decrease). The number of serious malaria cases decreased by 30.56 percent. Noteworthy is that the number of patients who died of malaria decreased by 35.64 percent.

In the three northern border provinces of Quang Ninh, Lang Son, and Cao Bang, malaria has not been spreading. Remarkable improvement has been achieved in malaria-stricken areas of Nghe An and Ha Tinh Provinces. The number of patients infected by malaria virus decreased by 52.76 percent while serious cases reduced by 85.04 percent. Only two patients died of malaria, or a 84.62 percent decrease, compared with the same period last year.

These achievements were attributed to the special attention of echelons of party committees and the administration, and the great efforts of the contingent of public health workers responsible for malaria prevention work. However, during the period from now to the end of the year, malaria will be spreading widely. Moreover, the rainy season will cause difficulties in communications and transport in various regions of southern Vietnam (especially in the rural and remote areas), thereby affecting the campaign on prevention and eradication of malaria.

Various localities should closely monitor and follow up on the malaria situation while ensuring prompt and accurate information on the spread of malaria. Key areas must urgently perfect the public health network at the grassroots level while promptly sending medicine and antimalaria equipment to localities to help them actively prevent and eradicate this epidemic disease.

ROMANIA

Statistics Reveal Incidence of AIDS by Age, Sex, Location

AU2307161994 Bucharest ADEVARUL in Romanian
19 Jul 94 p 10

[Text] We received the following statistical figures regarding the AIDS cases known by 30 June 1994, bearing the signature of Dr. Valentina Simion, inspector of the Direction for Preventive Medicine and Health Promotion of the Ministry of Health:

The Distribution of the AIDS Cases Per County 30 June 1994

County	Adults	Children	Total
Alba	1	0	1
Arad	2	6	8
Arges	1	2	3
Bacau	1	138	139
Botosani	1	54	55
Braila	1	13	14
Brasov	2	32	34
Bucharest	114	272	386
Buzau	1	5	6
Calarasi	1	60	61
Caras Severin	1	54	55
Cluj	1	0	1
Constanta	35	364	399
Covasna	0	5	5
Dambovita	9	25	34
Dolj	4	146	150
Galati	5	142	147
Giurgiu	2	184	186
Gorj	0	3	3
Harghita	2	5	7
Hunedoara	0	17	17
Ialomita	2	56	58
Iasi	3	24	27
Mehedinti	0	3	3
Mures	1	142	143
Neamt	0	41	41
Olt	2	43	45
Prahova	3	38	41
Salaj	1	0	1
Sibiu	1	70	71
Suceava	1	16	17
Teleorman	4	20	24
Timis	0	9	9

**The Distribution of the AIDS Cases Per County 30 June 1994
(Continued)**

County	Adults	Children	Total
Tulcea	4	6	10
Vaslui	1	33	34
Valcea	1	24	25
Vrancea	2	90	92
Total	204	2,643	2,847

**The Distribution of AIDS Cases Registered in Romania
According to Sex and Age**

Age Group	Males	Females	Total	Percentage
0-11 months	271	212	483	17.0
1-4 years	1,142	798	1,940	66.1
5-9 years	130	85	215	7.6
10-12 years	4	1	5	0.2
13-14 years	4	4	8	0.3
15-19 years	4	3	7	0.2
20-24 years	10	21	31	1.1
25-29 years	15	18	33	1.2
30-34 years	19	18	37	1.3
35-39 years	15	19	34	1.2
40-49 years	18	13	31	1.1
50-59 years	13	7	20	0.7
60 years and over	3	0	3	0.1
Unknown age	0	0	0	0.0
Total	1,648	1,199	2,847	100.0

YUGOSLAVIA

Scientist Claims Discovery of AIDS Treatment

LD2707162394 Belgrade TANJUG Domestic Service
in Serbo-Croatian 1305 GMT 27 Jul 94

[Text] Belgrade, 27 July (TANJUG): Researchers of the Vinca Institute for Nuclear Sciences have discovered an original method of treating AIDS which is currently one of the two models of immunopathogenesis of the disease, the institute's director general Miroslav Kopecnik told a press conference today.

Dr. Veljko Veljkovic explained that a team of researchers from the institute has devised a therapy for treating AIDS not directed against the HIV virus but towards the normalization of the patient's immune system.

He said that the main result of the therapy, which was published in all leading international science publications in this area, was the prolongation of the period of incubation until the end of a patient's life.

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The therapy includes transfusion of blood plasma from healthy people possessing a high level of a specific natural and protective antibody. Such people make up only six to eight percent of the healthy human population, Veljkovic said.

He stressed that the pilot clinical experiment of the therapy was conducted on two patients in the AIDS department of the Belgrade University's Institute for Infective and Tropical Diseases and that after six months of therapy, their haemogram and their immune systems returned back to normal.

"Tests on a larger scale involving 30 to 50 patients are planned for the end of this year in Belgrade," he said, adding that the Vinca Institute had received support for this project from the Republican Ministry for Science and Technology.

Veljkovic stressed that all international research so far had been directed towards the development of a vaccine which would block the HIV protein (GP120) which links HIV to the cells.

"The research we began in 1985 proves that GP120 is not only a tool by which the virus enters the cell but that it is also the main cause of the disease," he said.

"We concluded that the antibodies directed against the protein would also attack the normal components of the patient's immune system, accelerating the progression of the disease," Veljkovic said.

"In October 1991 we sent a warning to the WHO [World Health Organization] and to the American National Institute for Health [NIH] that it was not possible to develop an efficient vaccine against AIDS," he said, adding that it was only in June 1994 that the NIH decided to impose a three-year moratorium on clinical research into AIDS vaccines.

The two years of correspondence with the WHO was published in 1993 as an editorial in the well-known magazine 'Vaccine', Veljkovic said.

Gastric Typhus, Cholera Threaten Kosovo Residents

*AU0907135894 Belgrade BORBA in Serbo-Croatian
8 Jul 94 p 24*

[R.B. report: "1,769 Children Died in Six Months"]

[Text] Pristina—Aleksa Jokic, minister in the Serbian government and governor of the Kosovo region, yesterday ordered the authorities in charge of water supplies and protection from infectious diseases to be alert day and night and promptly inform the public about the state of drinking water. On Monday (11 July), communal services workers under the Ministry for Communal Services in the Government of the Republic of Serbia will start working on the prevention of epidemics of various infectious diseases that threaten Pristina and the surrounding area.

Komnen Tmusic, water authorities spokesman in the Kosovo region, yesterday warned the residents of Pristina, Kosovo Polje, Obilici, Urosevac, and Lipjan that the epidemics of gastric typhus and cholera are threatening to break out at any time because of the contaminated water. All wells and springs in Pristina are contaminated with discharged feces, that is, sewage water. The Gracanka reservoir will be almost completely dry in one month.

Owing to gastric diseases and diarrhea, that is, contaminated water, 1,769 children up to the age of two have already died this year. On the left bank of the Sitnica river (which is also contaminated), 370 residents suffer with hepatitis, while cholera is threatening from two directions, from the east, where Kosmet [Kosovo-Metohija] tradesmen are coming from every day, and from contaminated water, Komnen Tmusic warned.

Citizens have been advised to boil drinking water, at least until experts from Belgrade arrive. The same applies to residents of Urosevac, Lipjan, Strbac, and Brezovica, where the springs are also polluted.

Brucellosis, Intestinal Diseases Viewed

94P21008A

[Editorial Report] The Skopje dailies NOVA MAKEDONIJA and VECER have recently carried reports on infectious diseases in the Former Yugoslav Republic of Macedonia (FYROM).

Brucellosis

The Institute for Preventive Medicine in Skopje has reported a decline in the number of new cases of brucellosis in the village of Cvetovo in the Kisela Voda region near Skopje, according to the 23 June edition of VECER. In April, 30 residents were stricken by this disease, which usually results from poor handling of milk and milk products or from contact with diseased sheep and goats. The number of new cases in the village dropped to 18 in May and four in June. The report also mentioned isolated outbreaks in the Ciflik, Batinci, Cri Vrv, and other localities in the Skopje region.

In Titov Veles, the infectious diseases section of the Medical Center is treating 40 people with brucellosis, according to a report in the 9-10 July issue of VECER. The number of cases in the opstina is "considerably greater." Despite the efforts of medical authorities and the veterinary services, the disease continues to spread in the opstina. The report notes the risks stemming from early morning hawking of uninspected milk in the streets of Titov Veles.

Intestinal Diseases

With the hot summer weather, there has been an increase in intestinal diseases in Skopje, according to the 6 July issue of VECER. Dr. Tomislav Popov, chief of the

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epidemiological section of the Institute for Preventive Medicine, said that there have been 130 cases of intestinal diseases—dysentery, various forms of diarrhea, food poisoning, and so forth, from the beginning of the year through May. Although this number is higher than last year's, it is within expected limits.

A week later, Dr. Popov, while maintaining that there was no need for alarm, warned Skopje residents to be careful in handling food. According to the 13 July issue of NOVA MAKEDONIJA, Dr. Popov said: "During

the course of the past month, 75 cases of intestinal infections were registered. Of them, 46 were infectious diarrhea, 12 were infectious hepatitis A, and there was only one case of dysentery. In addition, nine patients were suffering from salmonella food poisoning and seven were affected by other types of food poisoning. By comparison, in the same month last year, there were 103 cases of intestinal disease. In May of this year, 78 cases were registered, so it can be said that these infections are on the decline."

REGIONAL AFFAIRS

South American Health Report Through July 20

PA3007150094

[Editorial Report] The following is a compilation of reports on South American public health and epidemiological developments monitored through 29 July.

Colombia

Malaria—Three deaths and 30 cases have been recorded so far as result of the malaria epidemic affecting the community of Guachene, Caloto Municipality, located in the northern part of Cauca Department. According to regional health officials, malaria specialists have already arrived in the community to take water samples and to begin fumigating the area. (Santa Fe de Bogota Inravisión Television Canal A Network in Spanish 1730 GMT 26 Jul 94)

Venezuela

Infant gastroenteritis—Zulia State epidemiologic authorities say that every nine seconds a new case of infant gastroenteritis is reported in the state. At least nine infants die every month because of this disorder. Since the beginning of the year, water-borne diseases and hepatitis cases have increased 100 percent. According to Zulia Water Commission President Lenin Herrera, most of the gastroenteritis cases have been recorded in Maracaibo. Water Commission members are currently implementing measures to clean up the state's water supply. (Caracas Union Radio Network in Spanish 2200 GMT 25 Jul 94)

Central American, Caribbean Health Report Through 22 July

PA2307193494

[Editorial Report] The following is a compilation of reports on public health and epidemiological developments monitored through 22 July.

Honduras

AIDS—Orlando Solorzano, chief of the Epidemiology Department of del Sur Hospital, has reported that six people have died of AIDS in Choluteca in recent days. (San Pedro Sula TIEMPO in Spanish 17 Jul 94 p 11)

Cholera—Health officials reported today a new outbreak of cholera in the northern part of the nation. Delia Tercero has reported that 16 new cases of cholera were reported this week in the city of San Pedro Sula. (Hamburg DPA in Spanish 1812 GMT 22 Jul 94)

Cuba

Guillain-Barre Syndrome—Health Minister Julio Teja has disclosed that 18 cases of Guillain-Barre Syndrome have been reported in Cuba. He added that this is not a

rare disease on the island. (Havana PRENSA LATINA in Spanish 1402 GMT 18 Jul 94)

Nicaragua

Dengue, diarrhea, and respiratory diseases—The people of Leon continue to suffer from dengue, diarrhea, and respiratory diseases. Dr. Osirio Escala of Leon's Health Department has reported that so far in 1994 there have been 9,300 cases of diarrhea, 50,064 cases of respiratory diseases, and 682 case of dengue. (Managua Radio Nicaragua Network in Spanish 1200 GMT 22 Jul 94)

AIDS—The Health Ministry has officially announced the existence of 28 cases of AIDS in Nicaragua this year. The report adds that from January to July of this year, five Nicaraguans have died from the disease. (Managua Radio Nicaragua Network in Spanish 1200 GMT 22 Jul 94)

Panama

Lead-contamination—According to a report prepared by Dr. Pedro Vargas and based on a study conducted in 1993 and 1994, 23 percent of the infant population of Panama City exhibit a high lead-contamination level resulting from the absorption of this element. (Panama City EL PANAMA AMERICA in Spanish 16 Jul 94 p A7)

AIDS—According to Health Ministry statistics, 414 people have died of AIDS in Panama since 1984. Of these, 338 were men and 76 women. (Panama City EL SIGLO in Spanish 16 Jul 94 p 9)

Central, North American Health Report Through 29 July

PA3007145994

[Editorial Report] The following is a compilation of reports on Central and North American and Caribbean public health and epidemiological developments monitored through 29 July.

Cuba

Tuberculosis—Public Health Ministry epidemiologists have stated that the number of tuberculosis cases recorded in the country has increased over the past two years. Manuel Santin, national epidemiology director of the Public Health Ministry, explained in the latest edition of "BOHEMIA" magazine that nearly 789 cases were recorded by the end of 1993—in other words, 7.2 cases per every 100,000 inhabitants. The public health official added that the mortality rate from tuberculosis is negligible, because approximately 98 percent of all cases are cured as result of timely treatment. (Madrid EFE in Spanish 2242 GMT 22 Jul 94)

Guatemala

Cholera—Official sources disclosed today that at least six people have died recently as result of the cholera

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epidemic. The sources added that 493 cases have been recorded. According to the Health Ministry's Cholera Unit, 63 people died during the first half of the year, and 13,287 new cases have been recorded. Since the first cholera case was reported in July 1991, the epidemic has claimed 991 lives and 58,839 cases have been diagnosed. (Panama City ACAN in Spanish 0007 GMT 26 Jul 94)

Honduras

Hemorrhagic dengue—The Honduran Public Health Ministry confirmed today that three cases of children affected by hemorrhagic dengue were recently recorded in the country. National Dengue Commission Chief Arturo Madarriaga pointed out that the first case of common dengue was discovered in 1978 and that currently there are nearly 130,000 cases throughout the country. He also added that the first case of hemorrhagic dengue was detected in 1991. Health Ministry officials have expressed concern that an epidemic similar to the one that affected Cuba could take place in Honduras. (Panama City ACAN in Spanish 1620 GMT 29 Jul 94)

AIDS—The Honduran Public Health Ministry disclosed in its latest AIDS report that nearly 3,519 proven cases have been recorded to date. The report adds that the most significant number of cases have been reported in San Pedro Sula, representing nearly 70 percent of all AIDS cases in Honduras. According to the Health Ministry, the increase in AIDS cases has become so dramatic that the Pan-American Health Organization has expressed its concern as a result of the rapid spread of AIDS in Honduras. (Mexico City NOTIMEX in Spanish 0019 GMT 26 Jul 94)

Mexico

AIDS—A recent report by the National Council for AIDS Control and Prevention (CONASIDA) stresses that AIDS has become the fourth leading cause of death in Mexico among individuals between the ages of 25 and 44. The CONASIDA document points out that 18,560 cases of AIDS have been detected throughout the country, of which nearly 10,516 people have already died. The document also notes that of the total number of cases reported, 15,478 are adult men, 2,537 are adult women, and 545 teenagers under the age of 15. Overall estimates of AIDS cases in Mexico place the total at more than 28,000, because many cases go unreported and because of delays in reporting. (Mexico City NOTIMEX in Spanish 0015 GMT 28 Jul 94)

Nicaragua

Cholera—The Nicaraguan health minister recently disclosed that nearly 61 people have died during the first half of the year as a result of cholera. He also revealed that more than 3,000 people were infected during the same period. Health Ministry officials have also pointed out that the epidemic has started to spread because of the rainy season. They also explained that the number of cholera cases has increased when compared to the

number of cases reported in the same period last year. During the first six months of 1993, only 1,518 cases were reported, while 220 people died of cholera during the entire year. (Mexico City NOTIMEX in Spanish 1841 GMT 28 Jul 94)

Panama

Malaria—Bocas del Toro Province health authorities have expressed concern because of the alarming increase in malaria cases. At least 297 cases have been reported between January and 22 July. The number of cases reported so far this year already corresponds to the total number of cases reported in all of 1993. Most of the cases have occurred among the province's Indian population. A source close to the Health Ministry reported that malaria cases have been detected in the districts of Bocas del Toro, Chiriqui Grande, and Changuinola within the past week. (Panama City EL SIGLO in Spanish 26 Jul 94 p 10)

Southern Cone Health Report Through 21 July

PY2507234094

[Editorial Report] The following is a compilation of reports on epidemics and diseases monitored through 21 July.

Bolivia

Malaria—National Epidemiology Department Director Johnny Molinedo has reported that malaria is affecting at least 1,800 communities in various departments. He noted that 1,050 of these communities are high risk, 600 are middle risk, and 160 are low risk. The townships of Riberalta and Guayaramerin are registering a high number of cases and are considered high-risk zones. (Santa Cruz EL MUNDO in Spanish 8 Jul 94 p 12)

Brazil

AIDS—The Epidemiology Control Center has reported that 30,653 AIDS cases, and 20,102 fatalities have been registered in Sao Paulo since the epidemic began in 1980. The disease has affected 9,826 drug consumers, 7,863 homosexuals, 4,610 heterosexuals, 3,345 bisexuals, among others. (Sao Paulo O ESTADO DE SAO PAULO in Portuguese 14 Jul 94 p A15)

Peru

Malaria—Regional Health Directorate statistics show that more than 4,000 malaria cases were registered in the Loreto Region in the first half of the year. The zones with the largest number of cases are in the Alto Amazonas province, along the Yurimaguas-Tarapoto highway, along the Paranapura and Pastaza Rivers, and in the upper Marañon. A new malaria outbreak was registered in the past few days in the Tapiche River, in Iquitos. (Lima EL COMERCIO in Spanish 2 Jul 94 p B7)

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BRAZIL**Butantan Institute To Produce Hepatitis B Vaccine**

94P60325A Sao Paulo GAZETA MERCANTIL
in Portuguese 16 June 94

No author given, "Butantan Will Produce Vaccine Against Hepatitis B"

[TEXT] The Butantan Institute is supposed to begin pilot production of a vaccine against hepatitis B in August of this year. The Sao Paulo State Foundation To Support Research (Fapesp) financed the initial portion of the project, and the Funding Authority for Studies and Projects (Finep) is supposed to provide additional financing for the technological development. With this initiative, Brazil is to begin producing its first vaccine that has been genetically engineered from a yeast in which the genes of the hepatitis virus were implanted. The work was carried out under the direction of Professor Nikolay Granovskiy, a Russian, with the assistance of researchers at Butantan. Two percent of the population of Brazil suffers from hepatitis B, and this

figure may rise to eight percent in the more critical areas, such as the Amazon Region.

CUBA**New Rat Species Bred for Increased HepatitisB Vaccine**

FL1207001594 Havana Radio Rebelde Network
in Spanish 1700 GMT 8 Jul 94

[From the "National Radio News"]

[Text] The genetic engineering and biotechnology center has increased production of monoclonal antibodies used in the Cuban vaccine against HepatitisB. These antibodies are obtained from rats, thus making large-scale production very difficult, but the center's researchers obtained a species of rat, through breeding, that is able to produce (asitis tumoral) fluid in sufficient quantity. This fluid is indispensable in making the vaccine. The applied technology provides for a yield from each animal five to ten times higher than the traditional production levels, thus placing Cuba among the world's nations that produce high levels of (asitico) fluid, as confirmed by specialists.

INDIA

Minister Says 222 HIV Cases in Rajasthan

94WE0364A Bombay THE TIMES OF INDIA
in English 1 Jul 94 p 7

[Text] The Times of India News Service, Jaipur, June 30—The Rajasthan government has launched a man-hunt for an AIDS patient who escaped from the SMS [expansion not given] Hospital here three days ago. One person, who was admitted to the hospital on Sunday, died of AIDS the next night. The state health minister, Mr Rajendra Singh Rathod, said this was the second reported death due to AIDS in the state. Last year, one person from Lakheri village in Sawai Madhopur district had died of the dreaded disease. The minister said that at present, there were four AIDS-afflicted patients in the state. The minister said 222 HIV positive cases had been confirmed. "The dreaded disease has entered the state, but the situation is under control," he said.

HIV Cases on the Rise in West Bengal

94WE0361A Madras THE HINDU in English
2 Jul 94 p 16

[Article by Padmini Sitaraman]

[Text] Calcutta, July 1—West Bengal's AIDS experts are worried over the increase in the number of HIV seropositive cases in Calcutta as well as in the rural areas.

While the exact figure of seropositive and AIDS-related cases in rural areas is not sufficiently available, official statistics have clearly shown a growing trend in Calcutta and its surrounding areas.

Says Dr. Manish Chakraborty, virologist and director, School of Tropical Medicine: "We are concerned over the spread of HIV in rural Bengal. A number of rural menfolk who come to the city in search of livelihood return home carrying the infection."

The number of seropositive cases in Calcutta and adjoining areas has gone up to 247 from 142 in December, 1993. Since 1988, out of 23 persons found to be suffering from AIDS-related complex (ARC), 11 have died of full blown symptoms. Even though the absolute number is low, the experts are concerned over the increase in the seropositivity level. The level has gone up from 3.5 per 1,000 in 1991 to about 13 per 1,000 in 1994.

According to the AIDS experts, prostitutes and professional blood donors are considered to be the carriers of such infection. While they have identified sex workers who have tested HIV positive, nothing much has been done to isolate them to check the spread of the disease.

Dr. Amitava Das, who is overseeing the World Health Organisation (WHO)-sponsored unit to combat STD and AIDS at Sonagachi in North Calcutta, the largest red light area in Bengal, says it would be helpful if prostitutes

who tested HIV positive could be separated. By remaining in the profession, he says, these women ran the risk of passing on the disease to their clients. "But it was the fear of the social stigma attached to the disease that prevented their isolation."

AIDS experts of the Institute of Public Health and Hygiene and School of Tropical Medicine are waging a grim battle with funding from WHO and other foreign agencies such as NORAD (Norway) to contain the spread of the dreaded disease. In 1992, an STD/HIV clinic at Sonagachi was set up to treat the 4,500 residents free of cost as well as to educate them about the disease.

An outstanding aspect of the programme is that some of the sex workers have been involved in creating awareness. A team of 65 such women are working as peer educators counselling the residents. Says Dr. Das: "The response has been so good that a few of them were even taken to Goa to highlight the Sonagachi experience." Similar awareness programmes have been taken up in other red light areas like Kalighat and Bow-Bazar in Calcutta and Ghusuri and Salkia in the districts. As many as 30 Non-Governmental Organisations (NGOs) are engaged in the battle against AIDS under the National AIDS Control Project. Of these, the Health and Eco-defence Society and the Human Development Research Institute have been rendering excellent service. According to experts, there is no dearth of funds for AIDS Control.

Over 10,00 Cholera, Gastroenteritis Cases Reported

BK2807100494 Delhi Doordarshan Television Network
in English 1630 GMT 27 Jul 94

[Text] In Uttar Pradesh, over 10,000 cases of cholera and gastroenteritis have been reported from 46 districts in the state. According to official figures over 400 people have died. Special medical teams are working in the entire state to control the situation. A team from Delhi's National Institute of Communicable Diseases has arrived in Lucknow to render help to the state.

Malaria Epidemic Breaks Out in Assam District

94WE0362A Calcutta THE STATESMAN in English
30 Jun 94 p 6

[Text] Guwahati, June 29—Malaria has broken out in an epidemic form in Assam's Nagaon district and northern part of Darrang district, official reports said, says UNI [United News of India]. While officials confirmed the death of 10 people, the Assam Speaker, Mr Debesh Chakraborty, said at least 20 people have lost their lives during the past few months in interior areas of Hojai, in Nagaon district.

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Malaria Kills 46, Affects 30,000 in Jalpaiguri District*BK1007141894 Delhi INDIAN EXPRESS in English
6 Jul 94 p 5*

[Text] Jalpaiguri—Altogether 46 persons died of malaria and about 30,000 were affected by the disease in Jalpaiguri district during the last two months, according to district health department sources. The sources identified Dhupguri, Mal Madarihat, Falakata and Kumargramduar blocks to be the most-affected. In Dhupguri block alone, the toll has gone up to 31, they said. District Magistrate Dilip Rath held an emergency meeting with health officials on Tuesday to discuss the measures being taken to combat the threat. Over a hundred teams are busy spreading DDT in the affected areas.

World Bank Lends \$85 Million for Leprosy Control*94WE0365A Bombay THE TIMES OF INDIA
in English 30 Jun 94 p 5*

[Article by Sanjay Banerjee]

[Text] Bombay, June 29—The Centre has taken a loan of \$85 million from the World Bank to eliminate leprosy by the year 2000 AD. The agreement on the soft loan with the WB [World Bank] was signed in February, 1994, and the programme is scheduled to be formally launched in July in New Delhi, say well-placed sources.

The loan will be primarily used to fund leprosy elimination projects in 66 endemic districts where the incidence of leprosy is five or more per 1,000 population, in 77 other districts where patients are in numbers 2 to less than 5 per 1,000 population and less than 2 in the remaining districts in the country. Other programmes include imparting education and community services.

The northern and the eastern states in the country which include West Bengal, Orissa, Bihar, Uttar Pradesh and Madhya Pradesh are going to be the new thrust areas, though Delhi and Punjab too will also be the focus of attention of the World Health Organisation (WHO) which will provide technical assistance.

These two states described as relatively safe zones have recorded the incidence of the disease largely due to migration of labour in recent years.

The use of the Multi Drug Therapy (MDT) to cure leprosy has been in practice in the country for quite some time but the states in the north and the east did not receive the required attention due to lack of infrastructural facilities and also lack of proper coordination.

Recently, a team of senior officials of the Centre visited Calcutta to discuss the treatment of leprosy. The West Bengal government has shown keen interest. The officials of International Leprosy Union (ILU) have also had talks with the chief minister of Maharashtra, Mr Sharad

Pawar, to launch a programme to treat the children afflicted with the disease. In the state there are around 88,000 leprosy patients.

Sources said that besides the loan assistance sought, the country also received aid from donors which included Sweden, Denmark, Italy and Belgium. A lot of funds were being raised by non-governmental organisations in North America and Europe. While pointing out the increased political commitment and awareness towards the problem of leprosy worldwide, the chief of the leprosy division of WHO, Dr S. K. Noordeen, would like to give a human face to the problem to inspire donations.

Similarly, setting the goal of elimination by the year 2000 did not mean that the international health community should become complacent. Instead, efforts should be intensified to pursue a more meaningful programme in support of leprosy control.

High Incidence of Liver Diseases Discussed*94WE0366A Madras THE HINDU in English
22 Jun 94 p 9*

[Text] Jaipur, June 21—Liver diseases continue to be among the top three killer diseases in the country. Several incidences of viral infection of liver, high level of alcohol intake, commonly used liver damaging medicines like anti-tubercular drugs and severe malarial and typhoid infections continued to take their toll even as the liver transplant, the most rewarding treatment in such cases, was yet to be available to patients in the country, observed a group of experts who participated in a conference here on gastroenterology.

Participating in the first annual conference of the Rajasthan chapter of the Indian Society of Gastroenterology Prof. B. N. Tandon, a leading expert on liver diseases, said that subacute liver failure was much more common in India and Bangladesh than elsewhere in the world "due to geographic pathology." He said that the epidemic of jaundice occurring in several parts of Rajasthan was due to Hepatitis-E. According to him, the commonly believed cause of epidemic jaundice, the Hepatitis-A, was mostly confined to schools, hostels and similar settings.

Prof. Tandon's presentation also made an interesting observation on the efficacy of "mulethi" (Glycyrriza glabra), the grandma's panacea for irritating coughs in protecting liver cells against chemical and viral attacks. "Mulethi," also used in "pan" contained in it an active compound which prevents multiplication of viruses inside liver cells, he pointed out.

Prof. S. K. Sarin, another Delhi-based expert, speaking on acute liver failure, observed that even after the availability of much more intensive and aggressive treatment for the ailment in the country the overall situation was yet to improve. Timely prevention of water borne viral infection, control on drinking habits, judicious and

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monitored use of anti-tubercular and other liver damaging drugs such as the commonly taken anti-fever drug—paracetamol—by alcoholics would go a long way in tackling the liver diseases, he observed.

According to Prof. S. G. Kabra of the Anatomy department at the local S.M.S. [expansion not given] Medical College, various studies undertaken recently had indicated that a good number of tuberculosis patients died of liver failure. While certain types of contraceptives had an adverse effect on the liver, poorly preserved grains in villages often led to high level of fungal poison called "aflatoxin" which ravaged the liver.

IRAN

Ministry Official Gives AIDS Statistics Update

NC2407134694 Paris AFP in English
1324 GMT 24 Jul 94

[Text] Tehran, July 24 (AFP)—Eighty-two people have died of AIDS in Iran so far, newspapers reported here Sunday [24 July], quoting a health ministry official.

Mohammad Azmudeh, director general of the ministry's contagious diseases department, said 283 people, including 35 women, were known to have been infected with the virus in Iran, of whom 100 had developed full-blown AIDS.

He said 82 people, including seven women, had died of the disease.

The authorities launched an AIDS awareness campaign two years ago to fight the disease, setting up a telephone hotline and computerized center to encourage those infected with the virus to seek help.

Deputy Health Minister Hoseyn Malek-Afzali said in November that the number of Iranians infected with the AIDS virus could be as high as 5,000 nationwide.

The first case of AIDS in Iran was discovered in 1985: a one-year-old baby who had contracted the disease through a transfusion of contaminated imported blood, according to the health ministry.

PAKISTAN

Cholera, Diarrhea 'Epidemic' Reported in Karachi

BK2807091794 Karachi DAWN in English
19 Jul 94 pp 1, 12

[Excerpt] Karachi, July 18—Cholera and other water-borne ailments have hit the city with full force with hundreds of afflicted men, women and children being rushed to private and public hospitals daily, doctors said on Monday.

During the last 48 hours four children have died of cholera. Of these two died at the Civil Hospital Karachi

[CHK], while the other two deaths occurred at the National Institute of Child Health [NICH].

Daily at least 500 patients, majority of whom are children and women, were being brought to the Civil Hospital, Jinnah Postgraduate Medical Centre [JPMC], Abbasi Shaheed Hospital, NICH and Lyari General Hospital with complaints of diarrhoea and vomiting. This does not include those being treated at scores of city's private hospitals, including Aga Khan and Liaquat National Hospital.

Doctors at the NICH told DAWN that diarrhoea has assumed the proportion of an epidemic. "Most of the cases are coming in from poor localities and slums," one of the NICH doctors said.

Prof A.G. Billo of the Department of Paediatrics, CHK, told DAWN that out of the 150 severe diarrhoea and gastroenteritis cases being brought to the Civil Hospital, 30 per cent are identified as cholerae vibrio.

Almost the same situation prevails in other major hospitals of the city, he remarked.

A number of city doctors contacted by DAWN claimed that suspected cases of cholera have been reported from Garden East, Federal B. Area, Gulshan-i-Iqbal Mehmoodabad, Manghopir, Orangi and Lyari.

Slums and poor localities are harbouring cholera epidemic in addition to the more common but serious cases of diarrhoea and gastroenteritis, they said.

Experts said that though diarrhoea is prevalent in city slum throughout the year, it was aggravated further after heavy rain shattered the city's water and sewerage system.

When doctors at the Abbasi Shaheed Hospital, Jinnah Postgraduate Medical Centre were contacted, they claimed that half of the patients coming to the casualty wards suffered from diarrhoea.

Dr Billoo suggested establishment of centres in major hospitals to identify vibrio cholerae. He strongly advocated establishment of this facility at the NICH and at the Abbasi Shaheed Hospital where a large number of people with digestive tract problems are brought for medical help.

At present six diagnostic centres being funded by the Sindh government for identification of cholerae vibrio are functioning in provincial public hospitals in the city.

The hospitals having these facility are CHK, Lyari General Hospital, North Karachi Hospital, New Karachi Hospital, Saudabad and Ibrahim Hyderi Hospitals.

Moreover at the Medical Unit-111 of the JPMC a laboratory for identifying cholerae vibrio is also present.

A recent report on cholera situation at the CHK had pointed out that Lyari and Golimar areas in the city

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contained majority of the existing cholera cases, while many more were expected to surface within the next few days.

As cholera vaccine is found to be ineffective, gastroenterologists are strongly advocating the preventive aspect of the disease.

In this context they demanded that the Karachi Metropolitan Corporation and the Karachi Water and Sewerage Board should adopt a more responsible attitude towards the public health and improve the existing water and sanitation system in the country which has nearly collapsed. [passage omitted]

YEMEN

Seventeen Die From Cholera in Aden in Past Three Days

NC2307191694 London MBC Television in Arabic
1800 GMT 23 Jul 94

[Text] Medical sources have stated that cholera has begun to spread in Aden and that 17 people have died from the disease in the past three days. A Yemeni doctor said the first cholera case appeared on 21 July and that the number of cholera cases has risen to 150.

RUSSIA

New AIDS Law Stresses Preventative Measures

OW0807204494 Moscow Ostankino Television First Channel and Orbita Networks in Russian
1830 GMT 3 Jul 94

[Natalya Prokofyeva video report; from the "Health Monitoring" segment of the "Utro" program]

[Text] Our country even today is one of the more fortunate regarding AIDS. While in the rest of the world the number of people stricken with this 20th-century bubonic plague are numbered in the millions, in our country they are still numbered in the hundreds. However, the specialists expect a significant growth in AIDS in Russia in the foreseeable future. It seems that it has already begun. Last year, the number of those infected increased by 40 percent. Here is the new law on AIDS. [video shows a laboratory, medical personnel working, then cuts to show Prokofyeva interviewing V.I. Pokrovskiy, president of the Russian Academy of Medical Sciences] [begin Pokrovskiy recording]

Pokrovskiy: This law redirects our fundamental efforts to strengthening the preventative measures in combating AIDS, rather than to uncovering people infected with the AIDS virus. Initially, we maintained that we had discovered practically all of the AIDS carriers; however, now it is completely clear that we had not discovered everyone. This is because people are not coming to compulsory medical examinations and are avoiding such publicity and contacts. Carriers, particularly homosexuals, form closed groups, where this virus can circulate and most probably does. That is why spending vast amounts of money to test the entire population now will produce nothing.

The center has shifted its emphasis to voluntary examinations and consequently carrying out systematic health education work in the sphere of sexual behavior and other instances—namely, using dedicated contingents. The issue arises of making penalties more severe for spreading AIDS in medical establishments. I consider this to be absolutely correct insofar as it will heighten the responsibility of our medical workers. [end recording] [video shows commercial for condoms using chimpanzees]

Do not be surprised! The film you are about to see has a most direct bearing on AIDS. At present, AIDS is incurable, and there are no toxins that can prevent it. All existing medications are only capable of improving the conditions and extending the lifespan of the patient. However, one can and must protect oneself from AIDS.

Volgograd AIDS Victims Mainly Hospital-Infected Children

MM2807131394 Moscow PRAVDA in Russian 27 Jul 94 p 3

[Report from PRAVDA/POSTFACTUM/ITAR-TASS "News in Brief" column: "Beware of Poor Man's Medicine!"]

[Text] Two more cases of AIDS were recorded in Volgograd in the first six months of this year. Of 47 patients now infected with the disease in the oblast center, 32 are children who caught it while in medical institutions.

State Committee Gives Statistics on Infectious Diseases

LD1007152594 Moscow INTERFAX in English
1302 GMT 10 Jul 94

[Text] About 10,000 people caught diphtheria in Russia from January to May 1994, more than three times the number in the same period of 1993, the State Sanitary and Epidemiological Inspection Committee reported.

The incidence of the disease was such in 1993 that it was regarded as an epidemic, especially in St. Petersburg (51.7 cases per 100,000 of the population against the national average of 6.7), the Maritime Territory (42.5), the Leningrad Region (36.9) and Moscow (28.3). Adults from 30 to 50 account for 70 percent of all cases.

The incidence of whooping cough has increased to 20,941 nearly 2.5-fold the number in the first five months of 1993, 20,674 of them being children before 14.

Outbreaks of dysentery and salmonellosis were also more widespread in 1994.

Maritime Kray Diphtheria Epidemic Rated 'Critical'

MM0108110194 Moscow KRASNAYA ZVEZDA
in Russian 30 Jul 94 p 1

[Report by Andrey Gavrilenko under "KRASNAYA ZVEZDA and Telegraph Agency Correspondents Report" rubric: "Imported Diphtheria"]

[Text] Maritime Kray—Uncontrolled visits to Maritime Kray by neighboring states' inhabitants, the Chinese above all, are the main reason for the spread of a diphtheria epidemic in the kray.

Since the beginning of the year the number of infected Maritime Kray inhabitants has increased to 700. Fifteen have already died, including three children. Morbidity exceeds the average indicator for Russia fifteenfold. Epidemiologists assess the situation as critical.

Dagestan Fears Outbreak of Cholera

MM2707105194 Moscow KOMSOMOLSKAYA PRAVDA in Russian 27 Jul 94 p 1

[Report by A. Kalinina: "Cholera Hajj"]

[Text] More and more people in Dagestan are seeking medical advice, suspecting that they are suffering from cholera. We would remind you that the cholera bacteria were brought to Russia from Iran by Dagestani pilgrims who had been on a pilgrimage to the Muslim holy places.

There are now 12 people ill in Dagestan. Another 24 people are under observation with the suspected dread disease. A series of sanitary and epidemiological measures are being carried out in the republic, but medical personnel are not ruling out the idea that the number of cholera sufferers may rise considerably over the next few days.

Specialists Leave to Help Combat Dagestan Cholera Outbreak

LD2807165694 Moscow Mayak Radio Network in Russian 1500 GMT 28 Jul 94

[Text] A group of specialists from Russia is flying from Moscow to Dagestan today to help local doctors combat cholera. Cases of this illness have been recorded in 32 villages and in 10 rayons of this Trans-Caucasian republic.

Dagestan Cholera Cases On Increase

LD0108120894 Moscow ITAR-TASS World Service in Russian 0959 GMT 1 Aug 94

[Report by ITAR-TASS correspondent Anna Bakina]

[Text] Moscow, 1 Aug—The number of cholera cases in Dagestan is continuing to rise. To date 143 people have been registered as ill with cholera. Some 10-15 people daily are now getting the disease.

The ITAR-TASS correspondent was told at the Russian health and medical industry directorate for preventive medical care that the situation remains tense and that specialists do not count on the stabilization of the situation in the next few days. Unfavorable sanitation conditions and low quality of drinking water are among the obstacles. Outbreaks of cholera have been registered in 17 rayons of Dagestan including Makhachkala. The highest level of cholera cases have been registered in Shamil'skiy, Derbentskiy, and Kayakenskiy rayons.

Russian specialists who have gone to the localities together with the local medical staff are making daily trips to discover those who carry the virus and those who have already contracted the disease. Individuals with suspect symptoms are being immediately hospitalized. Members of families of persons ill with cholera have been instructed to take tetracycline for preventive purposes. The medical staff point out that a sufficient amount of medicine has been stored.

Sickness Increasing in Regions Hit by Radiation Accidents; Unions Call For More Aid

MK0707092094 Moscow SEGODNYA in Russian 7 Jul 94 p 2

[Report by Andrey Nikolayev under the "Radiation" rubric: "Chernobyl Accident Aftermath Still Not Eliminated While Social Aid Programs Are Being Quietly Curtailed"]

[Text] Participants in an interregional trade union conference in Moscow on problems of social security for the population of Russian oblasts affected by the Chernobyl and other radiation disasters have made a decision to bring to President Boris Yeltsin's notice the fact that state organs are not fully implementing the Russian Federation law "On Social Security for Citizens Affected by Radiation Owing to the Catastrophe at the Chernobyl AES [Atomic Electric Power Station]."

Vladimir Ivashutin, chairman of the Association of Trade Unions of Russian Federation Oblasts Affected by the Chernobyl AES Accident, stated at the conference that hundreds of thousands of people currently live in Russian regions affected by radiation, including Bryansk, Kaluga, Kursk, Orel, Ryazan, Tula, Chelyabinsk, and other oblasts. The sickness rate is on the rise in virtually all these oblasts. This is especially conspicuous in the population centers of seven southwestern rayons of Bryansk Oblast, which has the Russian Federation's highest density of radiation pollution. In Altay Krai, for example, the number of children under 14 affected by blood diseases is twice that in the rest of Russia, and seven times as high among teenagers between 15 and 17. Out of 14,000 sick children in Bryansk Oblast, 14 were found to have thyroid cancer. World experience shows, the trade union leader said, that there is usually one thyroid cancer case in a million children.

At the same time, it was stated at the conference, the Russian Federation Health Ministry is not making fully available the money to act on the Russian Federation laws "On Social Security for Citizens Affected by Radiation Owing to the Catastrophe at the Chernobyl AES" and "On Social Security for Citizens Affected by Radiation Owing to the 1957 Accident at the 'Mayak' Production Association and the Dumping of Radioactive Waste into the Techa River," as well as to act on the "Children of Chernobyl" program and other legislative acts. There is also a tendency to roll back the program of social security for the population of the oblasts affected by radiation, which, conference participants believe, can only increase social tensions in these regions. More so because many of the sufferers still have no chance to get medicine and medical services, especially specialized medical services.

The conference decided in this connection to turn to Yeltsin with a request for the president to ensure that all organs of state power work in a coordinated and efficient way and strictly follow all the laws and programs related to the elimination of the aftermath of the radiation disasters. The conference participants also proposed that the state should keep tabs on the uninterrupted provision of funds for the implementation of legislative acts aimed at social security for the population affected by radiation.

Conferences Urges Better Antiradiation Protection

MM2807095394 Moscow *RABOCHAYA TRIBUNA*
in Russian 26 Jul 94 p 3

[Report by Albert Kubarev: "People Are Dying. Documents Are Being Finalized"]

[Text] On the initiative of FITUR [Federation of Independent Trade Unions of Russia], a scientific and practical conference was held in Moscow which discussed a new "Concept for Radiation, Medical, and Social Protection of the Russian Federation Population Subjected to Accidental Irradiation." This document was prepared by the Russian Science Commission, which specializes in problems concerning such protection. A seemingly sound document, but....

"The population's morbidity is increasing in all regions affected by the Chernobyl catastrophe," Vladimir Ivashutin, chairman of the "Rosprofchernobyl" Association and leader of the Federation of Bryansk Trade Unions, said in a conversation with me. "It has increased by 20 percent in our oblast. The most terrible thing is that cancer of the thyroid gland has appeared in children. During the elaboration of new and the review of old legislative and other normative acts, attempts are being made to infringe the rights of working people and their families and to reduce the benefits due to them. If the concept we discussed had been adopted this would have meant that 'there is no Chernobyl problem' in Russia."

The new concept sets a higher level of radiation doses than before. The number of patients is thereby "reduced." Moreover, only the size of the "effective" dose "in the current year" is taken into account and the doses received by a person initially and accumulated after April 1986 are ignored.

The conference appealed to the government, requesting it not to approve this concept without additional work. It is also being proposed that the Ministry of Health and Medical Industry be instructed to create a unified base of medical dosimetric data on each Russian subjected to radioactive exposure. It is also time to think about the state system of treating citizens who have been affected by the Chernobyl and other radiation catastrophes.

French Study Shows Russian Life Expectancy 'Lowest in Europe'

AU2607170194 Paris AFP in English
1623 GMT 26 Jul 94

[Text] Paris, July 26 (AFP)—Life expectancy has plummeted in Russia with a steep rise in the number of violent deaths, says a study by France's National Institute for Demographic Studies (INED).

Male life expectancy in Russia has become the lowest in Europe although in most industrialised countries, it has increased over the past 20 years, said France Mesle, one of the authors of the study to be published in the magazine *POPULATION*.

After improving in the 60s, life expectancy declined in Russia over the 15 years 1965-1980, especially among men affected by an increase in "diseases of civilisation"—cancers, high blood pressure and heart disease, linked with excessive consumption of tobacco and alcohol, bad diet and poor preventive health service.

There was a brief improvement in 1985 and 1986, during an anti-alcohol campaign by former Soviet president Mikhail Gorbachev, when life expectancy attained 64.9 years for men and 74.3 for women.

But the decline accelerated from 1988 with life expectancy falling in 1992 to 62 for men and 73.5 for women. There was a new fall in 1993 to 59 years for men and 73.1 for women, the study says.

In comparison, a French male can expect to live for 73.1 years and a female for 81.3.

Violent deaths—suicides, alcoholic poisoning, road accidents and murders—played a considerable role in the Russian decline, the study says.

Violent deaths have always played a greater role in mortality in Russia than in the rest of Europe, but at present they are twice the rate of Hungary and Poland, three times that of France and six or seven times greater than in Britain and the Netherlands, the study says.

The age group most at risk is males aged between 30 and 60.

Suicides showed the steepest rise with a rate of 57 per 100,000 in 1992 compared with 41 per 100,000 in 1986.

Next came alcoholic poisoning, which increased from 27 per 100,000 in 1986 to 42 in 1992 while road accident deaths doubled to 42 per 100,000 in the same period. Murders increased to 38 per 100,000 from 11 in 1986.

In the period 1988-89, the rise in the death rate was mainly linked to road accidents and murders, but more recently, murders, accidental poisoning and suicides were to blame.

The study noted an upsurge in murders of 70 percent in Saint Petersburg and 100 percent in Moscow, linked with an increase in crime and political and ethnic violence.

ARMENIA

Health Ministry Warns of Diphtheria Spreading From CIS Countries

NC2507205394 Yerevan Armenia's Radio First
Program Network in Armenian 1700 GMT 25 Jul 94

[Text] Armenian Health Ministry announces that the diphtheria situation remains unfavorable in Russia and in other CIS countries such as Ukraine, Belarus, and the Central Asian countries. Cases of diphtheria were also

registered in our republic this year, mostly caused by the heavy migration of the population to the neighboring republics.

With the aim of preventing the further spread of diphtheria in the republic, the Armenian Health Ministry believes that it is necessary for everyone, adults and young people, who visits Russia, Ukraine, Belarus, and the Central Asian countries to receive preventive inoculations. People should apply for inoculations at the clinics in their own residential districts.

GEORGIA

'Alarming' Tuberculosis Outbreak Occurs in Tbilisi

AU2707161394 Tbilisi DRONI in Georgian 22 Jul 94 p 3

[Report by Inga Alavidze: "...Plus Tuberculosis"—introductory paragraph p shed in enlarged print]

[Excerpts] Our most serious social situation presents us with new "surprises" daily; rumors circulating in the city that there is an outbreak of tuberculosis are unfortunately true. The number of those who have fallen ill with tuberculosis in Tbilisi has risen significantly.

According to figures supplied by the city's tuberculosis dispensary, there are 26 cases per 100,000 inhabitants and 184 have already been diagnosed as suffering from a chronic form of the disease: the number of children with the disease is 4.9 per 100,000 inhabitants and, even more regrettable, specialists believe that this figure will continue to increase. According to them, serious slow-developing forms of the illness, the likes of which have not been observed up to now, have spread among children. A great number of cases of tuberculosis meningitis are being diagnosed particularly among children.

As a result of the tuberculosis cases, the death rate has also risen. The statistics are as follows: Seven deaths per 100,000 inhabitants, but 8.9 among babies not yet one year old.

Our critical social situation has naturally contributed to such an alarming development regarding this illness. Tuberculosis is an infectious disease and, therefore, it is essential to hospitalize sufferers during the initial period of infection. However, owing to the lack of necessary conditions in hospitals (no food, medication, linen, and so forth), patients are not kept there, which is contributing to the rapid spread of the disease.

There used to exist a fluoroscopy center that ran checkups on a wide scale but, on account of the same economic problems, this center has closed. As a result of poor living conditions, cases of tuberculosis have been diagnosed among refugees as well. [passage omitted]

Those suffering from tuberculosis are, in the main, in a serious social situation. If we can do nothing more to save them, we should at least distribute the necessary medicines from the vast quantity of humanitarian aid that has

arrived at tuberculosis dispensaries to those infected with the illness and the sanatoria. However, in spite of pleas, the Ministry of Health, for some reason, has not included specialists in this disease in the commission responsible for distributing medicines. [passage omitted]

MOLDOVA

Chisinau Fails To Improve Quality of Drinking Water

AU2607111294 Chisinau BASAPRESS in English
2045 GMT 23 Jul 94

[Text] Chisinau BASAPRESS, 23/7/1994—The water supply in Moldova and in particular in the southern districts is difficult. Under such circumstances the decision-makers' lack of interest in producing modern equipment for water purification are strange, told BASA Yuriy Frolov, "Moldest Ltd." general director. He stated that devices based on "Buran" space projects could be produced in Moldova. They could eliminate heavy metals, pesticides and other pollutants that cannot be removed with the current purification systems. Frolov said that the Moldovan specialists who were connected to the space complex of the former USSR elaborated the method of producing such devices taking into account the chemical composition of water in Moldova. The scientists tried a year and a half to familiarize the decision-makers with their project, but they did not achieve any results. Frolov said. Such devices can be used by both individual and collective users. Doctor-hygienists and engineers highly appreciated them but they were not launched in production. The Ministry of Utilities announced several times that they were not launched in production. The Ministry of Utilities announced several times that the production of these devices will be discussed. According to Frolov, the decision-makers said that they will grant the necessary finances, but now they say there are no financial means. The creation of an enterprise to produce such devices would need investments of 600,000 lei which is a small sum taking into account the current situation. According to estimates the invested sum would be recovered in a half year. Local observers believe that the excessive prudence of the decision-makers is probably due to the scandal on "the thermo-generators" produced by the "YUSMAR" firm. In December 1993, the Moldovan Government approved the production of a heating device without carrying out scientific research. Only later when consumers began to complain about these thermo-generators, the government requested the opinion of the experts of the National Energy Council. The experts drew the conclusion that the heating devices produced by the "YUSMAR" contradict the law of energy conservation.

Yuriy Frolov points out that two Odessa region military complex plants were interested in this project. Only 45 days were needed by the plants to evaluate the project. According to the concluded contracts, "Moldest" offered the producers the necessary technical documents and had to carry out a market survey in the Ukraine and abroad, including Moldova. According to the contract,

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the plants defrayed all expenses. In the next year, about one million of such purification devices will be produced. Thus, the Moldovan market will be provided by the Odessa plants that will have gains and organize new jobs due to Moldova's need for water filters. Frolov pointed out that in 1992 Moscow Mayor Luzhkov allotted about 7 million rubles for the production of these water purification devices in Russia.

According to the International Organization of Health Protection, about 500 million people in the world suffer from diseases caused by the poor quality of the drinking water. According to the Moldovan Health Care Ministry the difference between the European and Moldovan death rates is mainly due to the poor quality of the drinking water. The concentration of selenium, strontium, methane, sulphuric hydrogen and ammonias nitrogen in water exceeds the norms. Scientists have proved that their influence on people is harmful. The former health care minister, Gheorghe Ghidirim, pointed out in a report to the government that in the towns where people drink water containing in excess chemical substances the newborn anomalies and psychic undevelopment is higher, chronic diseases increase 5-7 times and hypertension 1.9 times. 42 percent of the children who consume polluted water suffer from serious diseases accompanied with petrification of bones, modification in the composition of blood and decrease of their immunity.

Tuberculosis, Leukocytosis Hit Moldovan Cattle

MM0108140094 Moscow SELSKAYA ZHIZN
in Russian 30 Jul 94 p 2

[Report by Valeriy Okunev: "Diseases Attack"]

[Text] There is yet another addition to the troubles that the unprecedentedly severe drought has brought to Moldova's peasants. Two dangerous diseases—tuberculosis and leukocytosis—have begun to spread in the cattle units. In June alone, tuberculosis symptoms were found on farms in Drokiyevskiy, Kagulskiy, and Tarakliyskiy Rayons. The appearance of this disease was also promoted by the chronic feed shortage and the absence of strict medical monitoring in recent years. Many farms have had no visit from the disinfection officers for two or three years now.

The veterinarians are particularly worried about the arrival of leukocytosis. This disease jeopardizes the very existence of the animals' gene pool which took years to create. The problem is exacerbated by another factor. Following the hasty privatization of the sector, a large number of animals were transferred to the village inhabitants. It is much more difficult to combat disease on private farms.

TAJIKISTAN

Outbreak of Dysentery Reported in Khatlon Oblast

LD1107154294 Dushanbe Radio Tajikistan Network
in Tajik 1200 GMT 11 Jun 94

[Text] Dysentery has appeared in Gazimalikskiy rayon of Khatlon oblast. More than 300 people have been

infected with this disease over the past two months, the majority of whom are from the village of Pravda and the Obi-Kiik collective farm.

There has been a shortage of drinking water in the rayon center and the Obi-Kiik farm for some time. There is not even any drinking water in the hospital. The shortage of medicines and fuel makes the work of physicians more difficult. So far, 20 people who are seriously ill have failed to attend the hospital, which may be the reason for the spread of the infectious disease.

The oblast's health department has established a special headquarters in Gazimalikskiy rayon to combat the spread of this disease and it is taking the necessary measures.

UKRAINE

Health Official on AIDS Control, Prevention

WS1207114594 Kiev HOLOS UKRAYINY
in Ukrainian 2 Jul 94 p 6

[Interview with Valeriy Ivasyuk, deputy chairman of the National Committee for Combating AIDS, by Natalya Filipchuk; place and date not given: "Bought Cheaply, but Difficult To Repay"—first two paragraphs are HOLOS UKRAYINY introduction]

[Text] According to one version of the story, the AIDS virus evolved in a natural nuclear pit [as published] in Central Africa. The United States "bought" the virus along with the cheap blood of African donors. The rest of the world has gotten AIDS free of charge.

For the time being, Ukrainian experts assess this problem calmly, because according to the WHO, Ukraine belongs to the group of countries with a low instance of AIDS being spread: In 1987, there were 371 infected people registered, including 205 foreigners (they were deported). Last place is a blessed place this time. If it is so... The radioactive zone, with Chernobyl as its center, is similar in its radiation spectrum to that of the Central African pit, in which AIDS was born. To refute or corroborate rumors and clarify our domestic situation, we have addressed a representative of the National Committee for Combating AIDS [NCCA] (beginning 1 January 1993, this committee assumed all responsibility for the implementation of a national program for preventing AIDS in Ukraine and was allocated funds). Our interlocutor is the deputy head of the NCCA, Candidate of Medical Sciences Valeriy Ivasyuk.

Ivasyuk: Thank God, Ukraine occupies one of the lowest rungs on the AIDS-rating ladder. If we had had thousands of cases, we would not have been able to cope with such an epidemic due to our dire economic situation. The 1994 U.S. budget allocated \$17 billion for the fight against AIDS. The global costs of the anti-AIDS campaign can only be compared to military expenditures. Of course, Ukraine would not have been able to make such

expenditures. On the other hand, there is no need for this today: Our state has carried out all the WHO recommendations in time, adopted the law "On prevention of AIDS and social protection of the people," and worked out appropriate programs, in particular, for the safety of blood donors.

Filipchuk: This May, the NCCA was forced to issue a statement on the critical situation in Ukraine's blood donor program. Is the situation different today?

Ivasyuk: Yes. In the first place, I would like to thank HOLOS UKRAYINY, which often draws attention to the AIDS problem, for mentioning that statement. Infection with the HIV virus through blood transfusions is very common. Five people were infected in Ukraine in this way, but it was at that time when not every blood donor was checked. As of 1987, there were no such cases registered in Ukraine. One may cite, however, tragic examples from other countries. In the late 1980's—thousands of infected children in Romania; in 1992—thousands of adults in France; in 1993—7,000 people infected in Germany; in the winter of 1994—40 people in Toronto.

Filipchuk: Excuse me, but if such cases happen in countries with highly developed medical equipment and technologies for the control of AIDS, then how were we spared?

Ivasyuk: There are undoubtedly high quality test systems worked out abroad, but the point is not only in them. There are several factors to ensure the safety of donated blood. The first factor is of an organizational nature. The testing of every blood donation must be obligatory. In the West, in France or Germany for example, there are many private services, which are not obliged to follow the norms of such obligatory testing.

Filipchuk: If a miracle happens and Ukraine comes to terms with privatization, then will such a threat arise here, as well?

Ivasyuk: I have seen a draft law on blood donation, which is to be adopted in Ukraine. According to the concept of blood donation, this sector should never be privatized. In my opinion, this is the correct position.

We should not speak about possible threats in a situation when, only a month ago, Ukraine was left with almost no blood reserves. This was the situation that prompted our statement. To raise the diagnosis of AIDS to a higher quality level, the NCCA has chosen, on a competitive basis, two foreign firms—ABBOTT (of the United States) and Sanofi Diagnostic Pasteur (of France). The contract with the first firm amounts to \$2 million per year, with the second—just under \$2 million. Since the NCCA has only karbovanetses in its account (by the way, during six months of this year, the NCCA received only 40 percent of the funds allotted by the budget), and since the Committee for Tenders dragged its feet with conversion, the functioning of blood donor service in Ukraine

was practically halted. There was a paradox: We had a yearly reserve of blood (around 900 tonnes), but we had no right to use it. At the same time, the number of injuries increases everyday, and nobody is insured against natural calamities and unnatural catastrophes, such as Chernobyl. In general, blood is a strategic asset in every country.

After the publication of our statement and my personal meeting with Zvyahilskyy, it was recommended that the Committee for Tenders treat the diagnosis of AIDS as a priority state program and safeguard the regular conversion of a necessary volume of Ukrainian karbovanetses.

Filipchuk: Was it not possible to make use of the services of domestic firms?

Ivasyuk: There are no Ukrainian firms producing testing equipment today. We have the "Khartron" enterprise, which produces rather high quality devices matching the testing systems in all their parameters. Owing to this, the NCCA has granted support to this enterprise, which has been deteriorating without any help from the Ministry of Health. A group of specialists from Kiev has proposed a domestic, absolutely autonomous testing system which will be protected by a patent. Ukraine has no possibility, however, to guarantee the quality of each and every item in a million set. In the near future, we will visit the "Bakpreparaty" plant in Odessa to examine the feasibility of this enterprise with the prospect of beginning the production of domestic testing systems.

Filipchuk: One often hears the opinion that we do not need to expend means for AIDS if there are only some 200 infected people in Ukraine, which has 50 million inhabitants.

Ivasyuk: True, such opinions can be heard. Fortunately, there are not many supporters of such a position. Our state faces yet another grave problem today. First: Several years ago we adopted an open system, that is to say, our citizens now visit foreign countries freely and our country is visited by foreigners. Second: We do not actually know the true number of HIV-infected people. Our scientists report that the progress of this disease in the post-Chernobyl areas deviates from global standards. For example, AIDS has a so-called "silent stage" or a period of xero-conversion [as published], when a person is already HIV-positive, but the immune system has not yet produced a sufficient quantity of antibodies, and a blood test does not reveal the infection. The classical duration of this xero-conversion stage is between two and four months. In Ukraine, however, when people's immune systems are tired of fighting against radiation, this period can expand to seven or nine months. This complicates the diagnosis and prevention of AIDS.

One more nuance. Professor Vozianov at the October Hospital studied blood samples from people who exhibited classic AIDS symptoms at different periods but whose blood did not show any evidence of the HIV virus. Unfortunately, there are many such people. Scientists assume that the post-Chernobyl areas, which include

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Ukraine, Belarus, and the European part of Russia, have generated their own local HIV virus.

Fillipchuk: Have these cases been included in the overall statistics?

Ivasyuk: No. The diagnosis can only be made after the AIDS infection is confirmed by laboratory tests. As long as these cases are under examination, there is only one appropriate approach: every such patient must be regarded as HIV-positive.

Correspondent's Note: Everyone must be careful—doctors and patients, male and female lovers, as well as drug addicts who have enough money for drugs but not enough for disposable syringes. These are all ways through which the HIV virus may be transmitted. Do not ignore this threat in the hope that it will pass you by. Among the infected, 67 percent are between the ages of 20 and 29, 51 percent—between 30 and 39. As the saying goes, man acquires wisdom with age. However, many people may never reach the required age.

FINLAND

Official: Aland HIV Cases Likely Undercounted

94P21063A Helsinki HUFVUDSTADSBLADET
in Swedish 27 Jul 94 p 7

[FINNISH NEWS BUREAU report: "Unsure HIV Figures on Alands"]

[Text] The official figures for HIV-positive Aland Islanders are probably all too low, since many Alanders get tested in Stockholm or some other place outside the province. This is what Province Surgeon General Birger Ch. Sandell suspects, even though HIV figures in some years topped Nordic statistics. So far three persons have died from AIDS on the Aland Islands, which have a total of five registered HIV cases.

In absolute numbers this does not seem much, but considering that the Aland Islands have only 25,000 inhabitants, this, according to Sandell is a high figure.

"The risk of infection also exists in the Aland Islands, which is indeed visited by many tourists," emphasized the surgeon general.

However, the province is currently not conducting any anti-AIDS campaign. Infectious diseases come under national responsibility and are handled by the public health authorities in Helsinki. But authorities have mostly just irritated the Alanders with brochures that are either written in Finnish or contained condoms, which gave offense.

IRELAND

Center Reports Increase in Equine Diseases

94WE0343 Dublin SUNDAY INDEPENDENT
in English 21 Jun 94 p 15

[Text] EVA [expansion not given] outbreak denied in Ireland, but due to increased free movement in the EU [European Union]—where it does occur—a testing programme for stallions was introduced last February. All 590 animals tested have been given the all clear.

There has been, however, a recent increase in the incidence of diseases due to EHV, according to a statement from the Irish Equine Centre. EHV infection is usually associated with respiratory disease characterised by an elevated temperature, depressed appetite and nasal discharge.

Concurrent with or following the respiratory infection, some horses may become ataxic or paralysed. Pregnant mares, usually in the second half of pregnancy, may abort.

Even though the premises on which the virus has been isolated are observing the code of practice to stop the spread of UHV, the Equine Centre is advising breeders, owners and trainers who suspect infection to submit appropriate samples for vet inspection.

NETHERLANDS

Genetically Altered Bacteria Experiment Approved

BR2907150094 Amsterdam DE VOLKSKRANT
in Dutch 8 Jul 94 p 6

[Unattributed article: "Field Test To Be Allowed Using Genetically Altered Bacteria"]

[Text] Amsterdam—The Ministry for the Environment (VROM) has given permission to the Research Institute for Plant Diseases (IPO- DLO) to conduct a field experiment using genetically engineered bacteria. It is the first time in the Netherlands that such an experiment will have been carried out. Until now, experiments conducted outside the laboratory have made use of modified plants.

The IPO intend to sow a small area, three by four meters in size, in Wageningen with winter wheat in September. At the same time, genetically engineered bacteria will be added to the soil. In the genetic material of these soil bacteria, which belong to the common *Pseudomonas* strain, two genes will have been introduced from other sorts of bacteria.

One gene will make it easy to recognize the genetically altered bacteria, and to follow its growth or death. The other gene is there so that it can be seen whether a foreign gene in a bacteria performs as expected. It seems to be the case inside the laboratory, but it still needs to be demonstrated in the open field.

The aim of such basic research at IPO is in the long run to introduce genes into the genetic material in soil bacteria which have been coded for the production of certain proteins which will for instance control the voracity of the appetite of some insects. The larva of the crane fly, for instance, eats the roots of members of the grass family such as corn and wheat.

By regularly introducing such genetically engineered bacteria into the soil, it should be possible to keep an insect population under control. IPO researcher Dr. Ir. J. van Elsas expects the first outdoors tests within one or two years.

The test which has now been authorized in Wageningen will run for several years. Within a few months, after the winter wheat has been harvested, other crops will be planted. The intention is that the population of genetically engineered bacteria will be studied throughout the period.

In making this decision, the Environment ministry has overruled objections raised by the Foundation for Nature and the Environment [SNM]. The environmental organization says among other things that the way in which the population of genetically engineered bacteria in the soil will be observed is 'hazy'. IPO has partly accommodated the SNM by distributing a lengthy information document. The Foundation is also afraid that the 'foreign' micro-organisms might spread.

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SWITZERLAND

Health Office Reports New AIDS Cases, Deaths

LD2607135894 Bern Swiss Radio International
in English 0900 GMT 26 Jul 94

[Text] The Federal Health Office says there have been 340 new cases of people infected with the AIDS virus in the first half of this year. The office said that of those infected with the HIV virus, 110 had died. Since 1983, more than 2,700 people have died from AIDS in Switzerland.

UNITED KINGDOM

Health Service Ombudsman Releases Annual Report

94WE0357A London THE DAILY TELEGRAPH
in English 8 Jul 94 p 6

[Article by Philip Johnston, political correspondent: "Savage Rebuke by Ombudsman for Failings in Health Service"]

[Text] The highest number of complaints ever received against the NHS and serious shortcomings in procedures for discharging hospital patients drew an unprecedented rebuke from the Health Service Ombudsman in his annual report published yesterday.

Mr William Reid received 1,384 complaints—an increase of nearly 13 per cent on 1992-93—and in many of the cases found "an abrogation of responsibility and neglect of management".

He cited delays, victimisation and a lack of sensitivity by NHS senior managers and local staff.

In more than 80 per cent of cases, the Ombudsman found the complaint to be justified, a significantly higher proportion than last year and "a cause for concern", especially as the Health Department had issued clear guidelines on how to handle grievances.

For the first time, the report identifies the NHS authorities involved, though confidentiality is maintained for patients.

Mr Reid said that, far too often, he had to "deplore the treatment of patients which show disregard for the needs and care of fellow humans."

He added: "Far too often nothing has been done to manage patient care properly until I have completed an investigation. In cases such as that, those responsible should feel a sense of shame".

Although there has been a review of NHS complaints procedures by a committee chaired by Prof Alan Wilson, its recommendations have failed to make an impact on the behaviour of managements and staff.

"I cannot emphasise too strongly the importance of a strong and clear commitment from the top, particularly from chief executives and non-executive members of NHS authorities, boards and trusts.

"Unless that is recognised and put into practice, much-needed improvements in dealing with complaints will not happen.

"I set the NHS a challenge—to achieve a progressive reduction in the proportion of justified grievances brought to me about the way in which a complaint has been handled locally.

"That will be a real test of the much-vaunted commitment to encouraging feedback from users of the NHS and recognition of the value of complaints as a means of identifying shortcomings in service delivery."

Mr Reid censured the health service over confusion in discharge procedures of elderly patients into private nursing homes and a failure to tell relatives about the costs involved.

Mrs Virginia Bottomley, the Secretary of State for Health, accepting the report's criticisms, said: "This shows the situation at the moment is simply not good enough. We must make sure that this report is acted on."

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